

SC DSS DOMESTIC VIOLENCE PROGRAMS



THE DOMESTIC VIOLENCE STATE REPORT

FEDERAL FISCAL YEAR
OCTOBER 2013– SEPTEMBER 2014

SOUTH CAROLINA
DEPARTMENT OF SOCIAL SERVICES



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INTRODUCTION

The South Carolina Department of Social Services (SCDSS) Domestic Violence Programs is pleased to present the 2013-2014 Annual Report. The report provides detailed information on domestic violence services provided to South Carolina residents affected by domestic violence. You will find information on the type of services victims and batterers receive, how many clients received services and the funding that makes these services possible. In addition to service descriptions and program statistics, you will find examples of success stories and service barriers that highlight the Shelter Programs diligent, and at times challenging, work to ensure survivors and their dependents receive the best services during crisis.



YWCA of the Upper Lowlands Staff



SCCADVASA staff

Domestic Violence Programs continues to work in collaboration with multiple government and non-government agencies to address the serious problem of domestic violence in our state. Through planning meetings, trainings, public awareness, community partner groups, and other activities, Domestic Violence Programs is working to end domestic violence in South Carolina. Domestic Violence Programs works with program areas within SCDSS, including Child Protective Services, Family Independence (economic services), and Adult Protective Services. Partnerships continue with other state agencies such as the Department of Public Safety and the Department of Health and Environmental Control in an effort to develop and maintain best practices in domestic violence prevention. Domestic Violence Programs also continues to work closely with the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA). Our efforts to work on ending domestic violence in South Carolina would not be possible without these vital alliances. We also continue to support shelter programs and batterer intervention providers through technical assistance, policy, and best practices development.

It is the combined efforts of South Carolina state agencies, non-profit organizations, private providers, and concerned citizens that work to deliver promising interventions for survivors, their dependents, and batterers. Persistent plan development and assessment of best practices to end domestic violence is essential to successful services and results for the residents of South Carolina.

We are pleased to share the 2013-2014 Domestic Violence State Report highlighting the crucial work of SC Domestic Violence Shelter Programs, Batterer Intervention Programs, and SCDSS Domestic Violence Programs as we work together to end domestic violence in South Carolina.

Domestic Violence Programs Staff

Domestic Violence Programs Staff

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Mission Statement:

The mission of the South Carolina Department of Social Services (SCDSS) is to efficiently and effectively serve the citizens of South Carolina by ensuring the safety of children and adults who cannot protect themselves and assisting families to achieve stability through child support, child care, financial and other temporary benefits while transitioning into employment.

Purpose:

SCDSS through its Domestic Violence and Batterers Intervention Programs provides support and assistance for crisis intervention and prevention services for victims of Intimate Partner Violence (including Domestic Violence, Dating Violence, and Sexual Assault as it occurs in the context of Domestic or Dating Violence), their dependents, and abusers through a network of community based non-profit and private service providers.

Guiding Principle:

Domestic Violence Programs guiding principle is that community resources will work together to promote quality services and healthy lives for families experiencing domestic violence.

Goals:

The goals of the Domestic Violence Programs are to prevent and/or reduce the incidence of domestic violence and ensure accessible emergency shelter and related assistance to those in need of services for the intervention and prevention of Intimate Partner Violence as well as for treatment for perpetrators.

DOMESTIC VIOLENCE SHELTER PROGRAMS SERVICES SUMMARY

Domestic Violence Programs contracts with non-profit community based Domestic Violence Programs to provide culturally and linguistically appropriate trauma informed care. Shelter Programs are available in both rural and urban areas. All emergency shelter services and hotlines are offered 24 hours, 7 days a week, 365 days a year.

Residential Services: Emergency shelter where victims and their dependents can stay for a minimum of 60 days (extensions can be granted for extenuating circumstances).



Safe Harbor opened a new shelter in Oconee County, their 3rd shelter in the service area



MEG's House volunteer shows residents how to make an Italian Cream Cake.

Non-Residential Services: Domestic Violence Shelter Programs also offer advocacy to victims in immediate crisis as well as those in need of long-term support. Services include safety planning; support groups; counseling; client needs assessments, transportation; information and referrals; legal advocacy; assistance securing housing, employment, food stamps and other related assistance.



Family Justice Center Outreach Offices

Children's Services: Both Residential and Non-Residential services must provide or make referrals to appropriate agencies for children's programming such as individual and group counseling, age appropriate safety planning, healthy communication, skill building, and activities for children living in the shelter. Several programs also offer parenting classes for the victim. Provisions for child care through babysitting contracts with other residents are also available for victims residing in shelter.



CODA's outdoor children's play area.



A child in Sistercare's Children's Program drew their father abusing their pregnant mother while they watched

Outreach and Community Education: Domestic Violence Shelter Program staff are often requested to provide education and prevention programming about domestic violence to community groups including healthy relationship education for high school students, churches, hospitals, social services, businesses, law enforcement, civic groups, schools, and other community members interested in learning more about the dynamics and prevention of domestic violence. Programs are also requested to reach out to underserved communities in their service area to ensure that all survivors of domestic violence are knowledgeable of and able to access their services.



Safe Passage Executive Director, Jada Charley, speaks to an audience about the dynamics of domestic violence

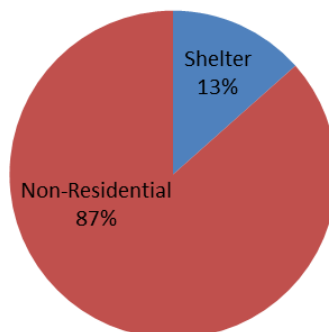


Tony Porter speaks to students at T.L. Hanna

Highschool through Safe Harbor's REP Program.

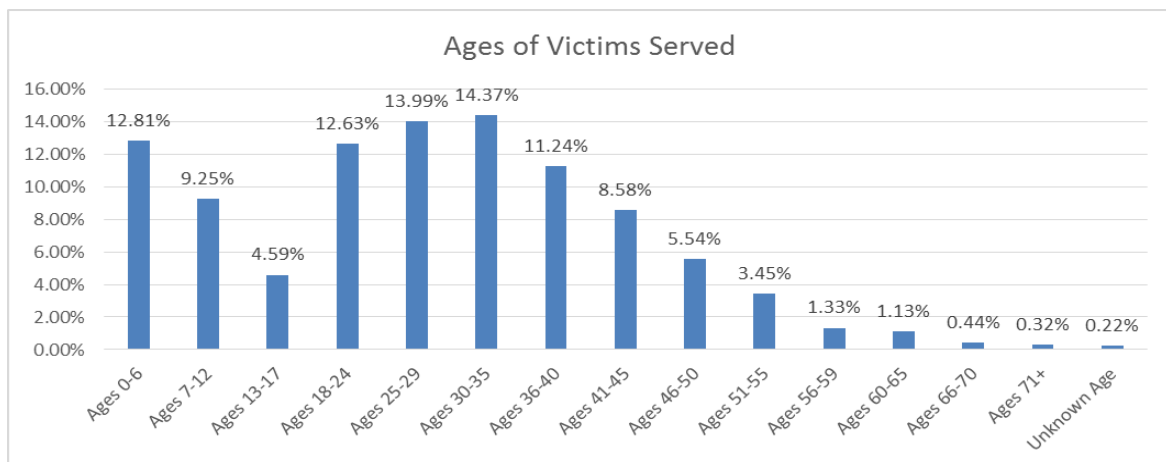
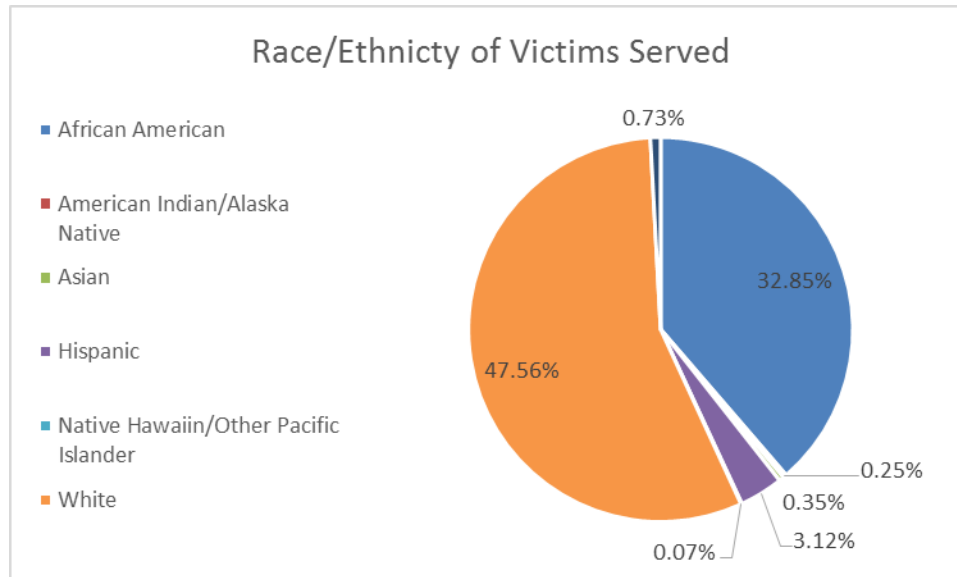
From October 2013-September 2014, our 13 funded Domestic Violence Shelter Programs saw 13,566 Individual Adults and 4,949 Individual Children for first time since the start of the Fiscal Year. 6,934 Adults and 2,857 children returned one or more times during the year.

Victims Served



Many victims first have contact with the Domestic Violence Shelter Program through use of the 24 hour hotline. In Fiscal Year 2013-2014, the 13 funded programs answered 20,993 hotline crisis calls. Program staff provided 4,920 Safety Plans and 14,805 Referrals over the phone to victims.

Domestic Violence happens in every community and across the lifespan. The following charts show the variety of ages and races/ethnicities of victims that sought services from South Carolina Domestic Violence Shelter Programs in Fiscal Year 2013-2014. These numbers have been fairly consistent over the last five years. More detailed breakdowns are available at the end of this report in the Statistical Analysis section. We know that many underserved populations may not seek services due to lack of knowledge, language barriers, and/or fear of leaving their community.



SUCCESS STORIES

In addition to collecting monthly statistics, Domestic Violence Programs also receives narrative responses to questions related to the FVPSA grant. Below are just a few examples of the successes experienced by survivors seeking services at SC Domestic Violence Shelter Programs within the last year:

****All names and personally identifying information have been changed. Each program approved the release of the following stories:***

“In June, a family of four and mother with two young children and her mother were able to relocate to the family home out of state with our assistance. The mother is a survivor of domestic violence and the children were found to be the victims of sexual assault. We were able to assist them with funds for gas for their trip. They were constantly harassed and fearful of the perpetrator who was in total control of the finances and they could not afford to leave.”

--CASA Family Systems

“In March, “T” came to us after having been in a long-term relationship with her abuser. They have three (3) children together. There is a long history of abuse within this relationship. “T” was assaulted two times in one week. On both occasions her abuser was arrested. The first arrest resulted in abuser getting out of jail with no bond set. The second arrest resulted in a bond. He was given conditions of his bond, one of which is not to come near the victim. Both assaults occurred in front of the children, as have other assaults in the past. This is “T’s” first time calling law enforcement and following through with filling for an Order of Protection.

As is common in abusive relationships there are always many factors that need to be addressed simultaneously. In this case when the abuser was arrested he took with him “T’s” keys; house and car. She called the detention center to see about getting the keys. Her abuser has to agree to release any property that was on his person when he was arrested. He did not agree. This left our client without a car key. She lives in a rural area, has three children and a job in town.

On our first meeting we completed the paperwork to file for an Order of Protection in Family Court. During my intake we discussed the keys being taken from her purse. I called the Victim Advocate at BCSO and was told the same thing “T” was told when she had called them the day before our meeting. I then decided to call Stokes Honda Dealership here in town. I spoke with the Service Manager and he agreed to make our client a key for her vehicle. He needed the VIN number which “T” gave to me and I gave to Stokes. The dealership provided this service for free, even delivering the key to my office.

I cannot tell you how appreciative our client was. For several days she had to ask for rides everywhere, not only to get to work, to come meet with me, to get her children around to their respective schools and activities but also simple things like grocery shopping and keeping pre-arranged appointments. This kind gesture of such a small thing really made a difference in this client’s life. This story emphasizes how important it is to listen and to work outside the box with our client’s. In this case without a vehicle our client would have undoubtedly lost her job which would have had a huge impact on her ability to care for her family. And, who knows how things would have played out.”

--Citizens Opposed to Domestic Abuse

"In July, we had a client that received counseling services between 2003 and 2006. She had attempted suicide, was a cutter, working for minimum wage, and being victimized by her spouse physically and mentally. Due to her emotional dependence on her spouse and wanting a "whole" family with her children, she was unable to leave. As of this month, she has obtained an Order of Protection and has lived apart from her spouse for 14 months. She is now getting a divorce. She is a remarkable person because she kept her sights on "getting free" from the abuse after her children were out of the home. She is a success story."

--Cumbee Center to Assist Abused Persons

"In August, a woman and two young children escaped an abusive relationship and sought shelter from the Family Justice Center. The woman had not graduated from High School and was very distraught and depressed upon entrance to the shelter. During her stay, she became increasingly calm and self-confident and began, and, has since, completed her GED. She has become very involved on one of Georgetown's faith communities and has been very actively supported by their members. She is currently enrolled in a LPN program at the local Tech school, works part-time, has been given a car and is continuing to attend the support Groups at the FJC. A real success story!"

--Family Justice Center

"Over the course of the past few months, we have been assisting Trisha* with legal advocacy and counseling. Trisha came to us when she felt that she could no longer deal with the severe abuse and control by her long time live in boyfriend. Trisha's abuser was retired military and a local teacher. He often made threats to harm Trisha and often physically assaulted her when he became angry with her. The abuser's military experience and special skills put Trisha in fear and had her in the belief that he could easily kill her and get away with it. Her abuser's ties to the community made it difficult for Trisha to seek help and many of those she went to for assistance did not believe her. The last incident Trisha had with her boyfriend, she confronted him with evidence that showed that he was having a relationship with a former student. The boyfriend assaulted Lisa and threatened harm to her if she called the police. Trisha did call for assistance, anyway, and the boyfriend was arrested. Trisha was referred to our legal advocate, who assisted her with an Order of Protection and accompanied her to court for both the family court and criminal court hearings. Our legal advocate also assisted Trisha in approaching law enforcement about the students that her abuser had had sexual relationships with during his time as a teacher at the local high school. Trisha had tried to present her evidence to law enforcement before and the school district but no one would listen to her or believe her. The case is now currently under investigation. And Trisha was able to obtain an Order of Protection against her abuser. However, the abuser was found "not guilty" at his criminal trial. Trisha was upset with the outcome of the trial, but she was so happy to be free from the abuse and be on her own again. Trisha was referred by the legal advocate to our counselor and our Gifts In Kind program to assist in her with her independence. Trisha is now living free from violence and has her own place where she has been able to start over.

--Laurens County SAFE Home

“Meg’s House DSS Liaison/DV Counselor provided case management to 5 clients. She started a new program “Reach One Teach One.” This program is designed to help clients achieve their goals. There are weekly classes held on life skills, budgeting, parenting, and conflict resolution.”

--MEG’S House

“In January, the Children’s Program has arranged for the children to participate in Pet Therapy. The Pet Therapist facilitates a group bi-weekly with the children. In addition, the children celebrated a child’s birthday. A birthday party was thrown for the child who celebrated an 11th birthday. The mother and child were provided tickets to a Stingrays Hockey game for some one on one time.”

--My Sister’s House

“In April, a 24 yrs. old DV victim fled from her abusive situation with her 2 children from Florida. She stated she drove until she was about out of gas and ended up in Florence, S.C. Since entering in the Florence Shelter program, she found a job within two weeks and benefited from the services offered by the shelter. She has decided to remain in the Florence area and stay free from violence.”

--Pee Dee Coalition Against Domestic & Sexual Assault

“Jane* is an older woman, she could be considered elderly. Jane, also, has several physical limitations. Jane was in a relationship with another woman. She came to Safe Harbor because she could no longer put up with the abuse. When she first came to Safe Harbor, she was very meek and seemed afraid of her new surroundings. Throughout her stay here at Safe Harbor, one could observe Jane’s confidence and strength grow. There was, however, one barrier. One would think it would be her physical limitations, however, these were not. Jane was afraid to live alone. She stated that she’d never lived alone in her life. Imagine, a 60 something year old woman whose never lived alone. She was afraid of living alone and did not know how she would handle it. Her counselor and family advocate encouraged her and tried to build her self-confidence so that a big move like this would not scare her into going back to her abuser. During her final days, she seemed hesitant to leave, but finally, she gained enough confidence to move into her new little apartment. This was a success for her. She was learning to live on her own and be independent. Regardless of her age, Jane is learning to live on her own.”

--Safe Harbor

“Ms. Reese* entered our emergency shelter program due to many years of severe physical, sexual, and emotional abuse by her intimate partner. As a senior citizen she had suffered a serious injury as a result of the abuse in the past. Ms. Reese partner was sent to prison for 30 months for his serious assault to her. When Ms. Reese abuser got out of jail she felt very threatened by him. Ms. Reese was able to benefit greatly from our case management and therapy support services by coming into shelter. Victim advocates provided Ms. Reese with many community referrals to reach her goals and make progress. The individual, group therapies, and case management provided support to Ms. Reese to make steps to secure a place of her own again. She was able to secure a new place and this was a huge step for Ms. Reese.”

--Safe Homes Rape Crisis Coalition

“A non- residential domestic violence client that has been receiving services since October 2013 has made extreme strides and about to graduate from services. She was first introduced to Safe Passage when she reached out to Safe Passage through the crisis line in October. She has been married for 14 years and has suffered from mental and emotional abuse in her marriage with a husband who is not supportive. In addition she was abused by her mother as a child, both physically and sexually. She began her services with the advocate at Safe Passage and was provided psycho-education sessions and then gradually was transitioned into counseling. The counselor used solution focused, strength based empowerment, and rational and motive behavior therapy. When the client began in counseling she was in a state of desperation. She had minimal coping skills and was suicidal. Through therapy she has regained confidence and now when she has difficult days she understands that these are ok and can focus on the skills she was taught to be able to cope. The counselor has introduced graduation as her final session with clients and this sends the client on their own knowing that they have survived and empowers them to continue to use the tools they have learned.”

--Safe Passage

“A woman entered Sistercare’s twenty six week counseling program having divorced from her husband previously after a thirty years of marriage. They married for a second time hoping for changes in their relationship. The woman reports that despite efforts the relationship remained unhealthy. During counseling she was able to realize that the problems were unresolvable. She had been more independent with two jobs, and self-reliant.”

--Sistercare

“Ms. Y is a 34 year old female. She was a resident of NC. She has three children that are with her mother. The client was escorted to the shelter by law enforcement. She and her abuser have had a turbulent relationship since they were in high school. He has an extensive criminal record, with charges ranging from domestic violence, drug possession, possessing stolen goods, larceny, kidnapping and attempted murder. The incident that brought the client to us was when he shot at her and ran her off the road. Law enforcement was notified and they searched for him but could not capture him. They advised her that it would be best if she left the area until he was apprehended. He vowed to hunt down her and kill her.

Upon her arrival at the shelter she was very tearful and afraid. She was having nightmares and afraid to go outside. She gradually developed relationships with other residents and became more confident and comfortable with her surroundings. During her stay she opened a case at Mental Health and became employed.

At one point she exited the shelter to reside with another client that was exiting. She returned after two weeks, stating that things just weren’t working out. At that time she prepared herself to obtain her own place. On November 11th she exited the shelter again to move into her own place. She had obtained a house for her and her children. She planned to have them come to live with her at the end of school term.

Presently she is still employed and looking forward to having her family back together soon.”

-YWCA of the Upper Lowlands

FUNDED SERVICE PROVIDERS FOR FISCAL YEAR 2013-2014

Region	Agency	Counties Served	Hotline Calls	Individual Adults & Children Served
Region I	CASA Family Systems 803-534-2448	Bamberg, Calhoun, and Orangeburg	1,061	412
Region II	Family Justice Center 843-546-3926	Georgetown and Horry	847	286
Region III	Citizens Opposed to Domestic Abuse (CODA) 843-770-1074	Beaufort, Colleton, Hampton and Jasper	3,531	475
Region IV	Cumbee Center to Assist Abused Persons 803-649-0480	Allendale, Aiken, and Barnwell	1,264	734
Region V	Laurens County SAFE Home 864-682-7270	Abbeville, Laurens, and Saluda	733	360
Region VI	MEGS House 864-227-1421	Edgefield, Greenwood, and McCormick	1,997	145
Region VII	My Sister's House, Inc. 843-747-4069	Berkeley, Charleston, and Dorchester	2,214	305
Region VIII	Pee Dee Coalition Against Domestic and Sexual Assault 843-669-4694	Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion, and Williamsburg**	907	796
Region IX	Safe Harbor, Inc. 864-467-1177	Anderson, Greenville, Oconee, and Pickens**	1,381	904
Region X	Safe Homes—Rape Crisis Coalition 864-583-9803	Cherokee, Spartanburg, and Union	2,497	6,128
Region XII	Sistercare, Inc. 803-926-0505	Fairfield, Kershaw, Lexington, Newberry, and Richland***	3,326	7,544
Region XI	Safe Passage, Inc. 803-329-3336	Chester, Lancaster, and York	792	280
Region XIII	YWCA of the Upper Lowlands 803-773-7158	Clarendon, Lee, and Sumter	443	146

** 2 Shelter Facilities

***3 Shelter Facilities

FUNDING

SCDSS Domestic Violence Programs provides funding for Domestic Violence Shelter Programs from three major funding sources. Funding is distributed via a competitive Request for Proposal (RFP) process to thirteen regions in the state. On average, Domestic Violence Programs distributes \$3.8 million to Domestic Violence Shelter Programs on an annual basis.

South Carolina Domestic Violence Fund: Starting in 2001, an additional Marriage License Fee was implemented to fund Domestic Violence Programs across the state. Section 20-4-160 of the South Carolina Code of Laws provides the guidelines related to the use of these funds to be administered by SCDSS. The average amount of funds in the last several years has been approximately \$800,000.

Temporary Assistance to Needy Families (TANF): Additional funding for Domestic Violence Shelter Programs is provided through a portion of SCDSS's TANF funds. These funds are combined with the South Carolina Domestic Violence Fund into one contract to increase the state funding available for Domestic Violence Shelter Programs. The average amount of TANF funds in the last several years has been approximately \$1.8 million.

Family Violence Prevention and Services Act (FVPSA): Originally enacted by Congress in 1984, FVPSA was reauthorized in December 2010 under the Child Abuse Prevention and Treatment Act (CAPTA). The statutory authority for this program is 42 U.S.C 10401 of the Family Violence Prevention and Services Act, as amended by Section 201 of the CAPTA Reauthorization Act of 2010, Pub. L. 111-320. FVPSA is the only source of dedicated funding for victims of domestic violence and their children and supports the majority of the nation's domestic violence shelters and services.

In addition to funding services at domestic violence shelter programs, FVPSA provides funding for:

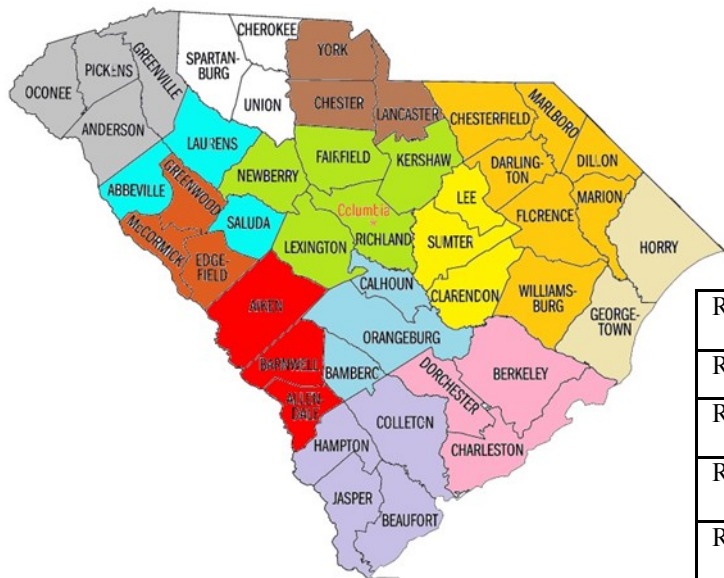
- Provision of services, training, technical assistance, and outreach to increase awareness of family violence, domestic violence, and dating violence, and increase the accessibility of family violence, domestic violence, and dating violence services (Section 10408 (b)(1)(D)).

Federal funding for family violence intervention programs is reallocated annually. The amount each state receives is based on a ratio of the state's population to the total appropriation. The disbursement of Family Violence monies is governed by regulations delineated by the US Department of Health and Human Services. These funds are used to support the operation of Shelter programs across the state. Domestic Violence Programs has received and allocated an average of just under \$1.4 million annually.

REQUESTS FOR PROPOSALS

SCDSS along with Materials Management Office (MMO) processes our Request for Proposals (RFP) with community providers (offerors) for thirteen regions within the state; an award is granted for each region. All interested community providers submit their competitive offers to provide services to victims of family violence and their dependents. These offerors agree to be bound by the terms of the Solicitation. Awards resulting from the competitive offerors are awarded to the responsive and responsible offerors whose proposal is determined to meet the requirements of the State and is most advantageous to the State. Domestic Violence Programs worked with SC MMO on this process once again for 2012. 12 awards were made to Shelter Programs in July 2012. An additional award was made in October 2012 to one region for Shelter Programs after the closing of another program in May of that year.

SC Domestic Violence Programs Service Regions



Region I	Bamberg, Calhoun, and Orangeburg
Region II	Georgetown and Horry
Region III	Beaufort, Colleton, Hampton, and Jasper
Region IV	Aiken, Allendale and Barnwell
Region V	Laurens, Abbeville and Saluda
Region VI	Edgefield, Greenwood, and McCormick
Region VII	Berkeley, Charleston and Dorchester
Region VIII	Chesterfield, Darlington, Dillon, Florence, Marion, and Williamsburg
Region IX	Anderson, Greenville, Oconee, and Pickens
Region X	Cherokee, Spartanburg, and Union
Region XI	Fairfield, Kershaw, Lexington, Newberry, and Richland
Region XII	Chester, Lancaster, and York
Region XIII	Clarendon, Lee, and Sumter

ELIGIBILITY AND SERVICE INFORMATION

Recipients of domestic violence services must be victims of domestic violence, their dependents, or batterers. Those in need are eligible to receive services without regard to income, age, disability, sex, race, color, national origin, religion, sexual orientation, or gender identity/expression. However, emergency shelters may develop house rules that prohibit service delivery to individuals who exhibit inappropriate or dangerous behavior.

PROGRAM REQUIREMENTS

Domestic Violence Programs utilizes funds from FVPSA and the State funds to contract with non-profit community based agencies to:

- Improve access to services by funding and monitoring a regionally based network of emergency shelters; each shelter being required to provide locally based services for residents of its assigned service area, including but not limited to locally based individual crisis counseling, legal and/or client advocacy, and to locally based support group counseling for each county in the entity's service area. Programs must meet State and Federal Guidelines as well as the *Service and Administrative Standards for Domestic Violence Agencies*
- Coordinate intervention by requiring that contractors establish cooperative agreements with law enforcement and other disciplines providing intervention services for victims and families
- Increase public awareness about domestic violence and its impact on the community by requiring contractors to promote community education by sponsoring workshops, public speaking with local civic and private organizations, and contacts with local media.



Sistercare staff set up an information table at a local event

- Adhere to strict Federal Confidentiality laws

Services may not be denied to any client due to non-payment. Per FVPSA Legislation 42 USC 10406(c)(3), “No fees will be levied for assistance or services provided with funds appropriated to carry out the FVPSA”. Previously, Domestic Violence Programs funded 10 Batterer Intervention Programs in 13 regions, but in February 2013, providers opted out of their contracts with Domestic Violence Programs to enable them to charge fees to ensure Batterer Accountability.

All providers are expected to abide by the terms and specifications outlined in their contracts with Domestic Violence Programs. The programmatic activities of funded agencies are regularly monitored for contract compliance and to ensure they meet the *SC Shelter Service and Administrative Standards*. Statistical reports of client services are submitted to Domestic Violence Programs on a monthly basis.

Additionally, Domestic Violence Programs, through its RFP process mandates that all shelter/non-residential programs must make every effort to provide for the needs of underserved populations including but not limited to:

- Elder battered victims
- Persons with disabilities
- Those from diverse cultural backgrounds, including non-English speaking victims
- LGBTQ victims
- Victims from rural communities
- Youth intimate partner violence victims

DOMESTIC VIOLENCE	FEDERAL FISCAL YEAR 2013- 2014
Number emergency shelters funded	13 programs with 18 shelters
Number beds in emergency shelter	412
Denial Due to Lack of Space	440
Number adults and children receiving emergency shelter	2,729
Number adults and children receiving non-residential services	15,786
Number of hotline calls	20,993
Number of approved Batterer Intervention Programs	38
Number of batterers receiving counseling services	2,145

*Source: South Carolina Domestic Violence Emergency Shelters and Batterer Intervention Programs.

PROGRAM OUTCOMES AND MEASURES:

Domestic Violence Programs, through its RFP process has identified several outcomes to be measured, including that at least 4% of each identified underserved population is provided services. However, we recognize that due to varying demands of each individual Sub Grantee, large discrepancies may occur between the statewide goal and the locally measured percentages; therefore, Domestic Violence Programs is also in the process of providing a statistical analysis for each individual shelter/non-residential program which will assist them in identifying the underserved populations for the communities they serve as well as the results of their outcomes.

Domestic Violence Programs Outcome Requirements:

- Shelter: Clients requesting shelter are protected from violence and abuse from the perpetrator by the arrangement or provision of shelter.: Denial due to lack of space is no more than 30%
- Underserved Populations: At least 4% of each identified underserved population is provided services
- Community Education: At least 40 community education and public awareness events are provided each year (This is a total combination of adult/youth community education and public awareness activities)

Domestic Violence Programs Outcomes:

Goal	Statewide Results
Denial due to lack of space	16.12%
Community Education: 40 events x 13 programs= Goal of 520 events	2,065 events
Underserved Populations:	
Total Youth IPV Victim	11.06%
Adults Ages 56+	4.40%
Physically Challenged	4.11%
Mentally Challenged	4.24%
Immigrants/Refugees/Asylum Seekers	1.52%
Limited English Proficiency	2.26%

Domestic Violence Programs measures two specific FVPSA required outcome measurements to evaluate the services provided to victims in 2013-2014.

Domestic Violence Shelter Programs are asked to randomly sample victims in a voluntary and confidential manner to inquire about their experiences with shelter, advocacy, support groups, and/or counseling. The outcomes measure whether victims feel the services they received increased their ability to plan for their own safety and if they feel they have more knowledge of available community resources. FVPSA Guidelines have determined that these two outcomes increase safety and well-being in the long term. A goal of 65% positive response was established as the target goal. Since Fiscal Year 2008-2009, South Carolina's outcome results have remained consistent.

The 2013-2014 Fiscal Year results show South Carolina programs exceed the targeted goal.

Survey Type	# of surveys completed	Enhancing Safety	Knowledge of Resources
Shelter Surveys	624	92.31%	90.54%
Advocacy Surveys	724	92.26%	88.95%
Counseling Surveys	224	90.18%	90.18%
Support Group Surveys	361	83.38%	90.30%

Additional outcomes for South Carolina Department of Social Services include:

- Improved access to services for family violence victims, relevant family members, and abusers
 - Reduction of the number of families denied emergency shelter due to lack of space
 - Safety: At least 70% files reviewed show that clients are able to identify their safety options through participation in the development of a safety plan
 - Increased coordination of services for victims and families with all involved provider agencies
 - Direct service personnel who are better trained and more sensitive to the needs of family violence victims
 - Improved service specifications and requirements
 - Statewide coordination and collaboration of domestic violence programs through the Internet
 - Improved access to information about domestic violence intervention agencies and other available services throughout the state, strengthened relationships with state Coalitions and agencies that provide related services needed by family violence victims and their families
- Reduction of emergency shelter readmissions

Measurements include:

- The review of Domestic Violence Programs through annual monitoring visits
- The review of Domestic Violence Programs voluntary surveys (collected annually at each site visit from a locked box)
- The review of FVPSA outcome responses through the monthly reported statistics
- The review of the monthly reported statistics
- Annual analysis report covering the findings of the program statistics

SERVICE BARRIERS

In addition to collecting success stories, Domestic Violence Programs also receives information regarding challenges and barriers to service prevention that our 13 funded programs experience. While a variety of answers are received, this year transportation and language access came up repeatedly from every program. Below are just a few examples of service barriers SC Domestic Violence Shelter Programs face:

“Transportation continues to be a major barrier for our area. Orangeburg County has limited public transportation, however those in the more rural area from the heart of Orangeburg have to travel 30 minutes or more. We use our DSS offices as much as possible to provide services to minimize the burden of travel on our clients.”

--CASA Family Systems

“CODA continues to attempt to meet the needs of victims who are not proficient in English. While the language line allows our counselors to conduct individual counseling with non- English speakers, it is not ideal. One of the most important aspects of the counseling relationship is the building of rapport. When the counselor and client must rely on a translator, the building of comfort and rapport is sometimes not as easy. In an ideal world, every victim would be able to speak to a counselor who is proficient in the same language as the client. Since most of our non-English speaking clientele is Spanish speaking, having a second counselor who spoke Spanish would allow CODA to better serve this population.”

--Citizens Opposed to Domestic Abuse (CODA)

“Better public transportation seems to be of great need in our community. Our current public transportation system is very limited in where it goes and when it goes to these few places. Better transportation would not only be helpful in getting our clients to us, but helpful for our clients to get to jobs and give them more options of where they could feasibly live.”

“As a case manager, I am frustrated over the legal system. This is in reference to the S.C. statute 20-40-40. I completed an Order of Protection filing for a client on 8.18.14. His attorney was made aware of that fact. We let the Clerk of Court know that there was other Family Court litigation in process (child custody issues) and to use the same docket number. This was done successfully as we have done numerous times in the past year. The alleged perpetrator was arrested and still incarcerated in our county jail. Her attorney was aware of the court proceedings and appeared to represent her on 8.25.14. Due to the above statute, the alleged perpetrator’s attorney stated he wanted a dismissal of the OP proceedings because he had not been properly served. Judge Gable looked at the statute and agreed that the victim’s attorney had to file a motion and then serve the perpetrator’s attorney about court dates, etc. What is frustrating is that CAAP’s hands are tied and we are unable to help this victim with an Order of Protection. His attorney has not responded to his phone calls, or mine, to do the motion necessary to get him in court. He is afraid of his ex-partner, but has yet to get into court. Once again, the victim is victimized by “the system” in my opinion.”

--Cumbee Center to Assist Abused Persons

“The grant allows us to provide services for women in the community that have not left the abusive situation nor have a safe place in the community and does not need in shelter assistance. One of our biggest challenges is providing services to those women who are in the community who do not have transportation. Our area does not provide public transportation and many of the women that are served have challenges with attaining transport to the facility for needed services.”—Family Justice Center

“Throughout the month of April we have worked with multiple agencies to find programs that assist immigrant victims with housing and utilities. Due to the fact that two of our immigrant clients are currently awaiting the approval of their UVISAs, they are not able to work, obtain housing in their names or pay for utilities. In the past we were able to work with another local agency that could assist our immigrant victims, but that agency no longer has the same type of funding. And one of our clients was at the end of her time with that agency, placing her in a position where she had nowhere to go and no means to retain her housing. We began to call other agencies and researched other programs until we were able to find programs and funding that could assist our clients. These resources and the information that we obtained and gathered will prove to be invaluable to our future clients.”

--Laurens County SAFE Home

“One of the greatest needs in the Tri-county area is more linguistically and culturally appropriate services for Hispanic victims. There is a shortage of trained, bilingual personnel to work effectively with the growing Hispanic community. There is also an ongoing need for transitional housing for domestic violence victims in the Charleston area. The residents who complete the program at My Sister's House, Inc. are often in need of housing and follow up counseling that could be addressed through a transitional program.”

--My Sister's House

“[Second] Shelter location is in a rural area and most of our residents do not have transportation and the employment rate is very low.”

“Spanish interpreters are not always available when needed.”

--Pee Dee Coalition Against Domestic & Sexual Assault

“One of the biggest challenges we have is geographic isolation. Many of the clients we service outside of Rock Hill often take 35-45 minutes to get to our locations. Once an intake has been completed then our victim advocate can assist with transportation. In addition we have contracted with a cab service to provide emergency transportation at a discounted rate for victims who need to come to shelter but have no way to get to Rock Hill.”

“This month we have advocated greatly for a Korean client. She is a domestic violence victim who when calling the police and legal services was spoken to in her non-native language. She was not provided an interpreter. Safe Passage counselor and advocate assisted the client to consider amending her police report with an interpreter. In addition we contacted legal services representatives to change their policy about language line to provide comprehensive services to victims of domestic violence. Safe Passage translated our own safety plan into Korean to complete with this client.”

--Safe Passage

“The ongoing challenge consists of keeping volunteers. We have volunteers but they do not stay long. Another challenge includes inadequate staffing and funding. There is not enough staff and funding to meet the program and community needs.”

--YWCA of the Upper Lowlands

BATTERERS INTERVENTION PROGRAMS (BIP):

The Batterer Intervention Program (BIP) was established to reduce incidents of domestic violence by providing services to batterers while promoting safety and justice for victims. The Domestic Violence Act of 2003 provides that domestic violence offenders who participate in a batterer(s) treatment program must participate in a program offered through a government agency, non-profit organization, or private provider that has been approved by the South Carolina Department of Social Services. The psycho-social/educational services for batterers and supportive services for victims that are being provided and have been recognized as an effective treatment approach. They are designed to help stop the abusive and controlling behavior and hold batterers accountable for their behavior. The Batterer Intervention Programs are available state-wide.

The guiding principles for the BIP's state-wide services are the *Standards of Care for Batterers Treatment*. These standards guide the primary treatment approaches and practices. In discharging its responsibilities regarding approval of batterer intervention service providers, Domestic Violence Programs seeks to secure professional and qualified service providers who are willing and capable of operating batterers' treatment programs in accordance with these standards. A portion of the standards can be found in Section 43-1-205 of the South Carolina Code of Laws. A copy of the *Standards of Care for Batterers Treatment* and a list of all currently approved programs can be found on our website at: <https://dss.sc.gov/content/customers/protection/dv/index.aspx>

Batterer Intervention Services: The majority of participants in BIP programs are court ordered or referred through another means, such as the Department of Social Services. Participants are required to participate in group treatment for 26 weeks. BIP providers conduct thorough assessments to aid in participant treatment plans. In cases where an abuser may have an alcohol/substance abuse or mental health issue, requirements may be imposed upon participants to complete treatment for those issues prior to participating in batterer's intervention treatment.

Victim Services: In addition to providing treatment for the abuser, BIP providers may also offer individual and group counseling for victims. Providers are required to notify the victim of the batterer's participation in the program, as well as notification if the batterer poses a threat to the victim during treatment.

SCDSS DOMESTIC VIOLENCE PROGRAMS

Domestic Violence Programs is responsible for strategic planning, policy development, technical assistance, monitoring, and administration of the State's Family Violence Intervention Program. In addition to the monitoring of programs requirement listed above, our activities include the following:

- Provide services to perpetrators of domestic violence by approving and monitoring Batterer Intervention Programs throughout the state. Programs must meet the *Standards of Care for Batterers Treatment*
- Plan and collaborate with the South Carolina Coalition Against Domestic Violence (SCCADVASA) and other community partners to provide Domestic Violence training throughout the state
- Monitor the collaboration between SCDSS County Offices, SCCADVASA, and Domestic Violence Shelter Programs Domestic Violence Liaison Project
- Train and consult on Domestic Violence with SCDSS staff to develop safe and effective ways of serving families
- Develop and maintain collaborative links with other agencies and organizations in order to educate all community members about domestic violence
- Review and approve the South Carolina Department of Education and the SCCADVASA guidelines and materials for continuing education concerning Domestic Violence
- Refer victims and abusers to local community DV Shelter Programs or Batterer Intervention Programs

The approval and the monitoring of the Batterers Intervention Programs, coordinator for the Domestic Violence Liaison Project, along with the monitoring of the Domestic Violence Shelter Programs require the work of full time staff with the required knowledge and skills in this area for the program to be successful. Other responsibilities involve planning, organizing, reviewing, evaluating, and providing technical assistance/consultation as needed. Upon request from the community, we set up an exhibit, provide educational and promotional materials, and conduct domestic violence training. We also serve on community committee and advisory boards.



History

SCDSS began funding domestic violence services in 1980 with one emergency shelter and a crisis intervention network. Mini grants were awarded to community based domestic violence task forces to host community forums on the topic; install emergency crisis lines for victims; and to develop brochures and training materials on the subject. Gradually increased levels of funding have allowed the program expansion to include both Domestic Violence Shelter Programs and Batterer Intervention Programs for a total of 50 providers throughout the state.

The types of providers vary from emergency shelters offering a variety of victim services to programs that offer specialized counseling for batterers. There are providers in rural as well as metropolitan areas. All providers are united in their dedication to ensuring the safety of victims and the prevention of further incidents of domestic violence.

According to S. C. Code of Laws §16-25-20, “domestic violence” is defined as

- Causing physical harm or injury to a person’s household member;
- Offering or attempting to cause physical harm or injury to a person’s own household member with apparent present ability under circumstances reasonably creating fear of imminent peril.”

Since the legislature first appropriated funds for the development of a program of services for the prevention of domestic violence, South Carolina has been actively involved in domestic violence prevention. Initially, SCDSS provided funding for additional domestic violence intervention agencies as the state appropriation increased. By 1988, eight emergency shelters, one crisis intervention center, and two offender intervention services were funded by a combined state and federal appropriation of over \$800,000. However, most services were concentrated in the larger towns and cities, often leaving rural residents without access to services.

As public awareness and demand for family violence intervention services increased, Domestic Violence Programs realized that the practice of funding emergency shelters and/or crisis intervention agencies as they became operational was inadequate to meet the needs of the state victim population. The rate of denial of emergency shelter services due to lack of space consistently amounted to fifty percent of those actually receiving shelter. To remedy the situation, Domestic Violence Programs implemented a Service Expansion Plan in 1988 to maximize the service capabilities of provider agencies and to ensure the availability of accessible emergency shelters and related assistance to victims. A system of regional emergency shelter services was instituted.

With the enactment of the Domestic Violence Prevention Act of 2003 Domestic Violence Programs expanded its responsibilities to include the following:

- Approval and monitoring of the Batterers Intervention Treatment Program which consist of government agencies, non-profit organizations, and private agencies who offer therapeutic and clinical treatment for those who have become batterers
- Reviewing and approval of SC Department of Education and the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA) guidelines and materials for continuing education concerning domestic violence

DOMESTIC VIOLENCE TRAINING

Domestic Violence Programs work closely with SCCADVASA. This organization is a professional agency representing domestic violence and sexual assault providers across the state. These member organizations provide crisis intervention, safe shelter, counseling, legal advocacy, financial aid and a myriad of other services intended to support victims of domestic violence. In collaboration and in contract with our agency, SCCADVASA provides regional trainings on domestic violence topics for SCDSS, members of the community, legal professionals, healthcare professionals, law enforcement, advocates, batterer intervention providers, social workers, mental health professionals, etc. Each year, at least two of these trainings are designated to address the needs of underserved populations. All trainings are planned in conjunction with SCDSS and with input from community partners who serve the underserved populations addressed by the particular training. To meet our overall training needs, SCCADVASA has agreed to:

- Offer eight, one-day trainings to be held in different regions on domestic violence, including dating and sexual assault as it occurs in the context of domestic or dating violence through collaboration with SCDSS.
 - 4 Topics in 2 regions
- Offer a one-day training dedicated to the topic of Batterer Intervention.
- Offer one, two day statewide training on domestic violence, including dating and sexual assault as it occurs in the context of domestic or dating violence through collaboration with SCDSS.



Advocates and community partners around the state attend the Annual Domestic Violence Conference

2013-2014 training topics included:

- Recognizing and Responding to the Needs of Vulnerable Adults

- Confidential and Ethical Communication
- Trauma Informed Care for Children Who Have Experienced Domestic Violence
- Engaging Men in the Conversation to End Domestic Violence
- Advocating for the Needs and Safety of Children
- Victim Safety and Offender Accountability: Guiding Principles of a Batterer Intervention Program

The 2014 Annual Domestic Violence Conference, *Raising OUR Collective Voices: Improved Skill Sets for Diverse Professions* was an interdisciplinary conference addressing law enforcement, health care professionals, domestic violence prevention, the use of social media for community education on domestic violence, and enhancing services for survivors in underserved communities including: Native Americans, Deaf/Hard of Hearing, HIV/AIDS, and Mental Health.

Previous years trainings on underserved populations have included:

- The Impact of Domestic Violence in Underserved Communities (focusing on LGBTQ survivors and Immigrant Survivors)
- The Keys to Reaching Underserved Communities: Understanding Culture and the Impacts of Oppression
- Interpersonal Violence in Later Life
- Teen Dating Violence
- Partnering with Men to end Domestic Violence
- Working with Survivors Who Have Mental Health Needs
- Responding to the Needs of Survivors with Disabilities and Substance Use Concerns

PLANNING AND COLLABORATIVE PROJECTS:

Agency Coordination Team: Victim services funding streams in South Carolina are housed across multiple agencies. In order to collaborate more effectively, this past fiscal year Domestic Violence Programs began meeting monthly with the Department of Public Safety Violence Against Women Act (VAWA) Coordinator, the Department of Health and Environmental Control's Sexual Violence Services Coordinator, and SCCADVASA to discuss training and technical assistance needs, challenges and solutions to service gaps, provider needs, and plans for addressing interpersonal violence in South Carolina.

State Domestic Violence Task Force: In order to address the problem of domestic violence in SC, last Fiscal Year Domestic Violence Programs began meeting and working with the Department of Public Safety (VAWA) Coordinator, the Department of Health and Environmental Control's Sexual Violence Services Coordinator, and SCCADVASA to host a Statewide DV Task Force. Two meetings were held this past fiscal year.

The purpose of this first meeting was to provide all interested partners the opportunity to share common interests, available resources and dreams for the improvement of SC's response to domestic violence. Following the highly successful process used by the SC Immigrant Victims Network (SCIVN), our first meeting utilized the Appreciative Inquiry (AI) Model of dialogue. AI is an interactive discussion process, where participants identified strengths and dream goals related to improving domestic violence services and response in SC. During future meetings, we will highlight the main areas discussed and participants will form work groups for each of the identified areas (ex. Primary prevention was mentioned frequently during this first meeting as well as development of a Fatality Review Team) so we can begin working on the identified goals. Surveys addressing needs assessments will also be distributed to Task Force participants and other community members/partners.

Thanks to the five part series on Domestic Violence in the *Charleston Post and Courier*, a legislative committee was formed to address the serious problem of Domestic Violence in South Carolina. Members of the DV Task Force Planning Committee have discussed the need for restructuring the Task Force to include a smaller membership with key state agency and community partners to begin addressing the items under discussion in the legislative committee in order to provide recommendations.

Community Partners Funding Discussion: Domestic Violence Programs began planning for a Funding Formula re-evaluation process in October 2013. The goal is to work with community partners of Domestic Violence Shelter and Non-Residential Programs (both currently funded and unfunded), Batterer Intervention Programs, and Culturally Competent Programs that provide community-based, trauma-informed, widely accessible, and culturally competent services of demonstrated effectiveness to those impacted by domestic violence across the state in the most equitable manner. Meetings, Focus Groups, Interviews, and Surveys will be utilized to define Core Services for domestic violence, conduct a needs assessment for services, delineate program costs, and understand funding availability. Funding discussions will take place in the next couple of fiscal years in order to be completed when the current RFP's expire in 2017.

LGBTQ Interpersonal Violence Task Force: In the past fiscal year, Domestic Violence Programs has continued participation in the only LGBTQ Interpersonal Violence Task in the state. It is comprised of members from SC Equality, SC Pride, The Harriot Hancock LGBTQ Center, University of South Carolina Police Department, Richland County Police Department, University of South Carolina Faculty, SCCADVASA, Domestic Abuse Center (Batterer Intervention Program), Sexual Trauma Services of the Midlands, Department of Juvenile Justice, Columbia College, Sistercare (Domestic Violence Shelter Program), and Palmetto Health. The Task Force provides training on LGBTQ populations and interpersonal violence to numerous government and non-profit agencies throughout the state.

Catawba Indian Nation: Domestic Violence Programs has increased communication and collaboration efforts with the only federally recognized Tribe in South Carolina. According to the National Intimate Partner and Sexual Violence Survey (NISVS 2010), “4 out of every 10 American Indian or Alaska Native women have been the victim of rape, physical violence, and/or stalking by an intimate partner in their lifetime”. Several national studies consistently show that the rate of domestic violence among Native American women is considerably higher than any other race/ethnicity. Domestic Violence Programs looks forward to continuing our collaboration with the Catawba Indian Nation and offering support for their Domestic Violence Shelter Program.

DSS DV Liaison Project: Since 2001, Domestic Violence Programs has continued to work with SCCADVASA on the continued operation and monitoring of the DV Liaison Project. The project is a collaborative effort between SCDSS, SCCADVASA, and Domestic Violence Shelter Programs and pairs a domestic violence advocate from each shelter program with SCDSS Offices in the counties they serve. The original and on-going purpose of this project is to ensure that victims of domestic violence and their children seeking or receiving services from SCDSS will be appropriately assessed and that their safety and security will be assured in their contacts with SCDSS. In order to achieve this goal SCDSS decided to utilize the expertise of the domestic violence advocate community in South Carolina. These advocates are available to inform, consult, and advise Department staff statewide.



Anna Zweede (back row, left), CODA's DSS DV Liaison, stands with members of the Jasper County Domestic Violence Coordinating Council with members from DSS, the 14th Judicial Circuit Solicitor's Office, Jasper County Detention Center, the United Way of the Lowcountry and the Jasper County School District

South Carolina Immigrant Victim Network (SCIVN): Domestic Violence Programs has been attending the quarterly SCIVN meetings since February of 2010 and participates in the domestic violence and sexual assault (dv/sa) workgroup. SCIVN is a collective network of professional and community partners ranging from immigrant communities, victim service providers, healthcare, legal, and law enforcement professionals whose purpose is to better serve immigrant victims of crime by ensuring meaningful access to culturally and linguistically competent resources, benefits, justice, and available services. The dv/sa workgroup addresses the needs of youth and adult immigrant victims of family violence, domestic violence, and dating violence. The goals of the workgroup include: provision of workshops and training on issues affecting immigrant populations who are experiencing domestic violence, collaboration between domestic violence and sexual assault programs to discuss providing services to human trafficking victims when appropriate, identification of specific immigrant communities and locations within the state, and creation of a network of qualified interpreters for identified immigrant communities so that programs don't have to rely solely on language lines or have to wait to find a qualified interpreter

CHALLENGES AND STRATEGIES:

The domestic violence strategic plan guides the overall management of the program throughout the year. Since 1980, our community has focused primarily on crisis intervention after the damage has taken place. However, focusing on crisis alone does not address the severe violation of the rights of a person. Below are the strategies to address and/or reduce domestic violence:

Challenge 1: Our state ranks # 2 in the nation for number of women killed by men (*When Men Murder Women: An Analysis of 2012 Homicide Data*, 2014 Violence Policy Center vpc.org). Last year, SC ranked first for the the third time, and our state has consistently been in the top ten since this report first published ranking from 1997. In addition to ranking #2, our per capita rate is more than twice the national average.

SC's numbers are probably much higher than what the report reflects, as our current Domestic Violence Laws do not recognize dating violence or same sex partnerships. With recent marriage equality rulings, future numbers may increase in accordance with the changes to the legal definition of marriage.

Strategy to address this issue:

Continue co-facilitation of collaborative SC Domestic Violence Task Force described in "Collaboration" section above. Recent discussions in the legislative committee have addressed the formation of a Domestic Violence Fatality Review. Domestic Violence Programs will participate on any Fatality Review Team developed in the state.



2014 Annual Silent Witness Ceremony

Challenge 2: Funding resources for Batterer Intervention Programs are limited when programs hold batterers accountable by charging fees for service, which only cover a small portion of program costs. Additionally, despite sliding scale fees, many batterers from low income households may be unable to pay for fees, but cannot be denied services per the *Standards of Care for Batterers Treatment*.

Strategy to address this issue:

Continue to maintain a collaborative relationship with the BIP's and include them in the Community Partners Funding Meetings (described above) to discuss funding options and research additional funding sources.

Challenge 3: Shelter programs are seeing an increase in older populations (see Statistical Analysis section). According to the National Elder Mistreatment Study (2009): For 5,777 adults age 60+ found that for the last mistreatment incident spouses were responsible for:

- 25% emotional abuse
- 57% physical abuse
- 40% sexual abuse
- 28% neglect

Strategy to address this issue: In addition to the collaborative training on Domestic Violence and Vulnerable Adults between Domestic Violence Programs and SCCADVASA (see Trainings section); Domestic Violence Programs will be providing three workshops for DSS Adult Protective Services (APS) during their annual APS conference in February 2015. Additionally, DV Programs is working with the DV Liaisons from each shelter program to ensure collaboration between county APS workers and Shelter programs.

Challenge 4: Immigrant victims of domestic violence are less likely to seek assistance due to a lack of knowledge of resources and challenges in communication when accessing the services that are in place.

Factors contributing to this challenge include the following:

- Language barriers
- Inability to support themselves once they leave shelter if they are undocumented due to inability to obtain jobs and housing
- Lack of knowledge of their rights

Strategy to address this issue:

Maintain the collaborative relationship with the South Carolina Immigrant Victim Network and other community partners to develop a Cultural Competency manual for domestic violence programs and provide workshops and training on issues affecting immigrant populations who are experiencing domestic violence.

Challenge 5: Domestic violence is a severe social problem. It has a range of negative effects on young children, teenagers and young women; injury and even death by the abuser.

Domestic violence also constitutes a threat to unborn children. Some studies document a correlation between domestic violence and child abuse and the abuser of the victim is commonly the child's abuser. This violence may also trigger fear and anxiety for the neighboring community. Studies also indicate that children growing-up in environments in which domestic violence is present are most likely to become involved in violence as a youth.

Strategy to address this issue:

Maintain working relationships with the community; continue to provide education on prevention strategies through the media, law enforcement, support group with follow-up, and promote and facilitate the expansion of the DV Liaison Project within SCDSS. During this past two fiscal years, DV Liaison meetings expanded from bi-annual to quarterly, regional meetings. Additionally, the meeting participants have expanded from SCDSS Domestic Violence Programs staff, SCCADVASA staff, and Domestic Violence Shelter DV Liaisons to the inclusion of SCDSS county directors or designees, county staff, regional directors, and our community partners from Growing Homes Southeast and SAFY. Additionally Growing Homes Southeast and SAFY staff have been trained by SCCADVASA on domestic violence dynamics, referrals for victims and perpetrators, and safety for victims and children in case management. Southeast and SAFY staff have been trained by SCCADVASA on domestic violence dynamics, referrals for victims and perpetrators, and safety for victims and children in case management.

South Carolina Domestic Violence Shelter Program Statistics October 1, 2013-September 30, 2014

General Information

13,566 Individual Adults came in to SC programs for the **first time since October 1, 2013**

- Shelter: 1,537
- Non-Residential: 12,029

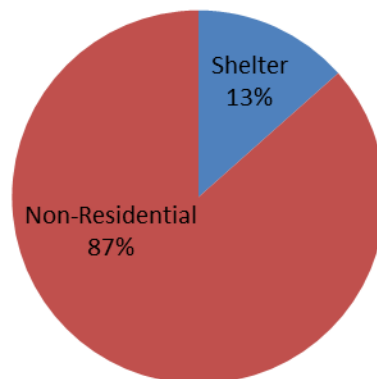
530 Adults returned to shelter and 6,404 adults returned to non-residential programs at least once since October 1, 2013

4,949 Individual Children came in to SC programs for the **first time since October 1, 2013**

- Shelter: 1,192
- Non-Residential: 3,757
 - Of those 4,949 children, **94 were identified as being an intimate partner violence victim** themselves (i.e. teen dating violence)

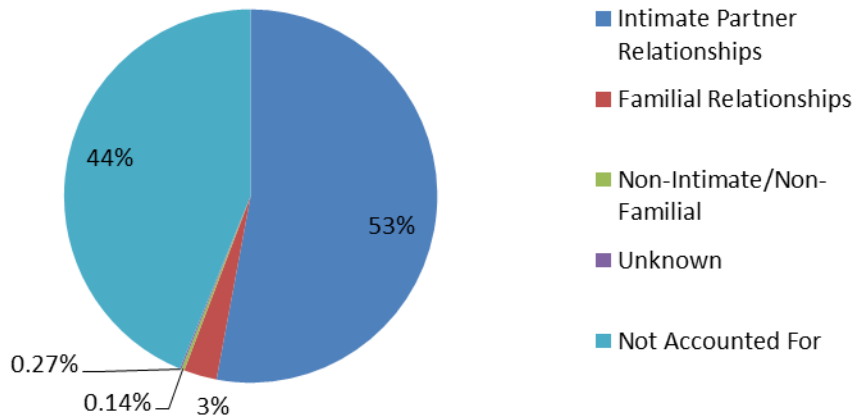
547 Children returned to shelter and 2,310 children returned to non-residential programs at least once since October 1, 2011

Clients Served

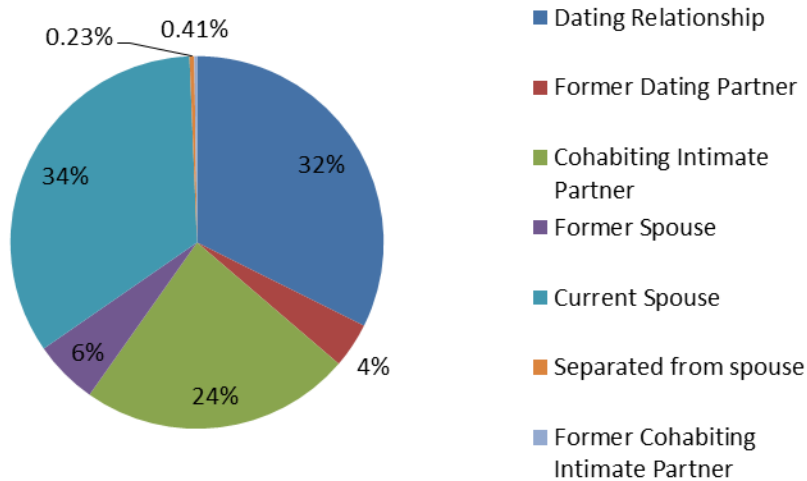


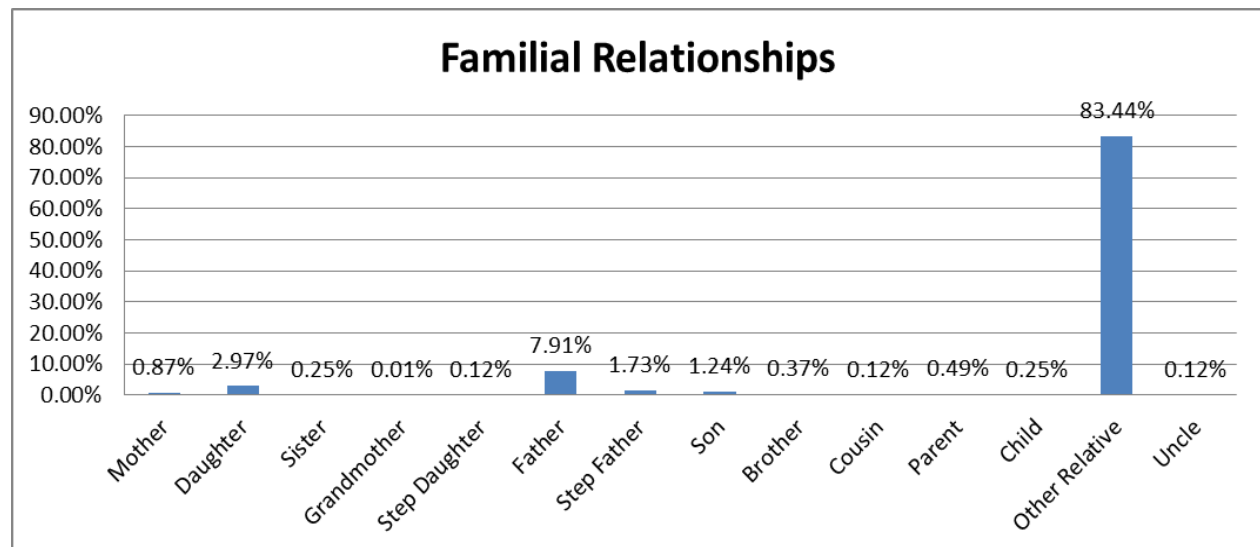
Only 9.43% of clients served in ***both shelter and non-residential*** programs **completed** the Federal Outcomes Survey

Relationship to Batterer



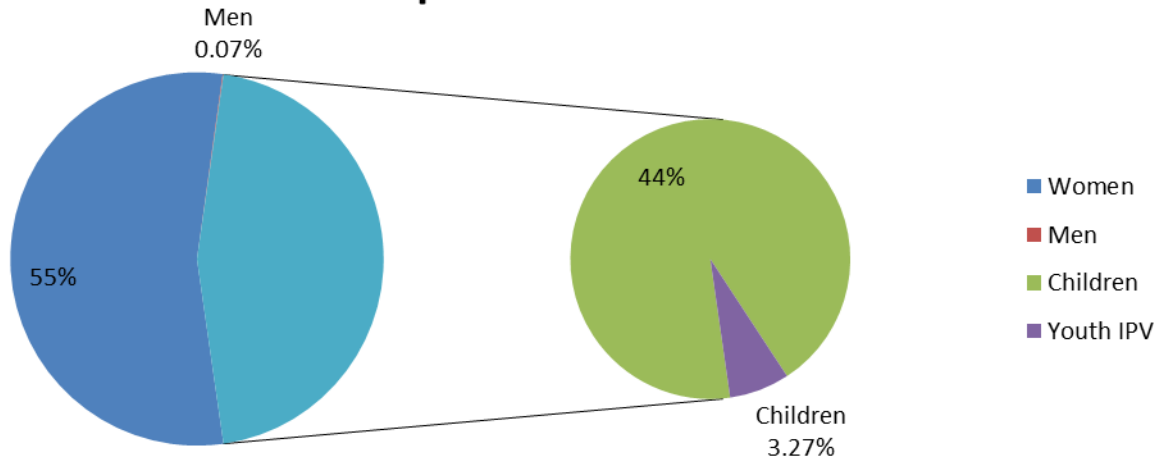
Intimate Partner Relationships





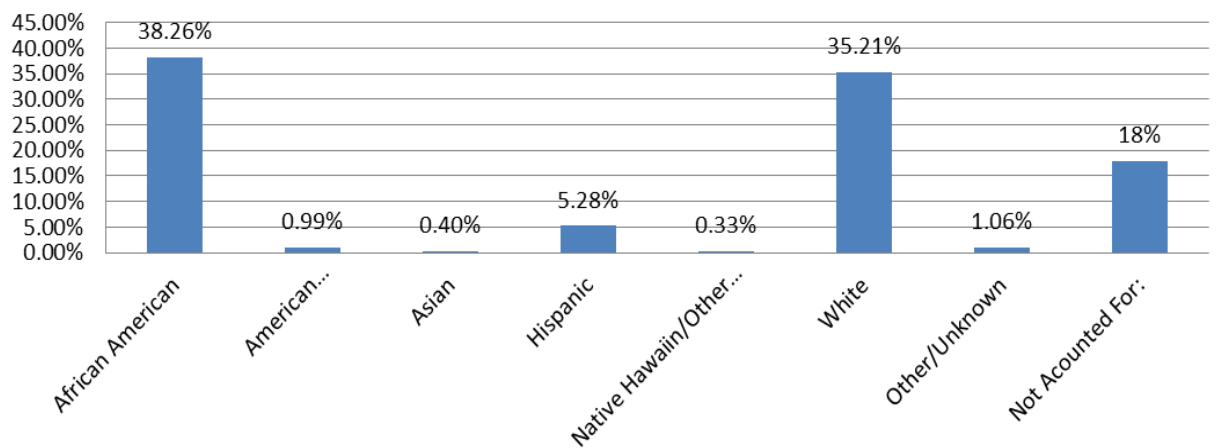
Shelter Population:

Unduplicated Clients



Children's Race/Ethnicity should have been included this Fiscal Year per the new form definitions, but were not always included. This accounts for the 18% that were Not Accounted For.

Race/Ethnicity

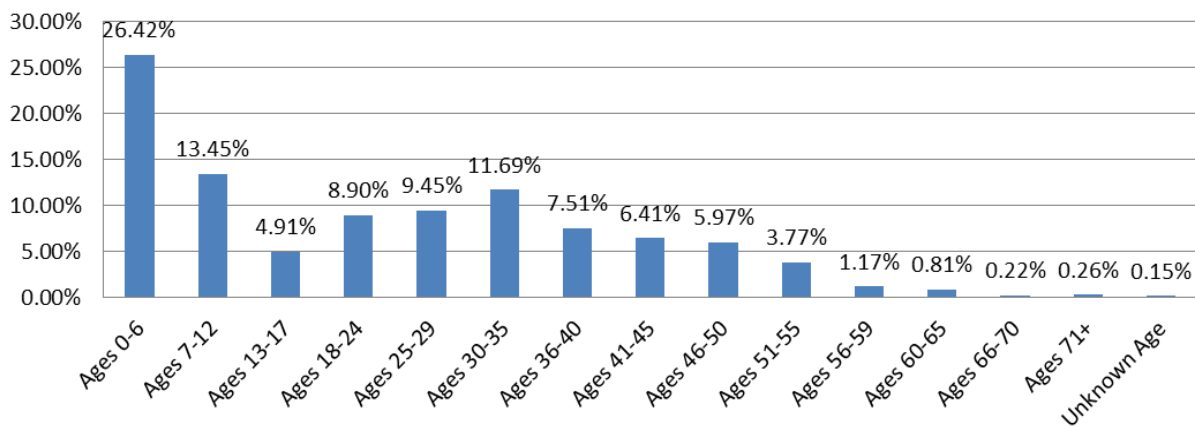


Economic Status



- 33% were married
- 66% were single
- 1% unknown marital status
- 9% had a problem with alcohol abuse
- 15% had a problem with drug abuse
- 10% had a problem with both alcohol and drug abuse
- 28% were childhood victims of physical abuse
- 25% were childhood victims of sexual abuse
- 36% witnessed domestic violence as a child

Shelter Population Ages



- Shelter provided **81,329 shelter nights** to adults/children
- Shelter was **denied to 440 individuals due to lack of space**

Counseling and Advocacy

- Individual counseling and advocacy provided **17,825 service contacts** to shelter residents including such services as:
 - crisis intervention
 - safety planning
 - individual counseling
 - peer counseling
 - educational services
 - legal advocacy
 - personal advocacy
 - housing advocacy
 - medical advocacy
 - information/referral
 - transportation
 - home visits, etc.

604 residential groups took place for **2,730 service contacts** to shelter residents

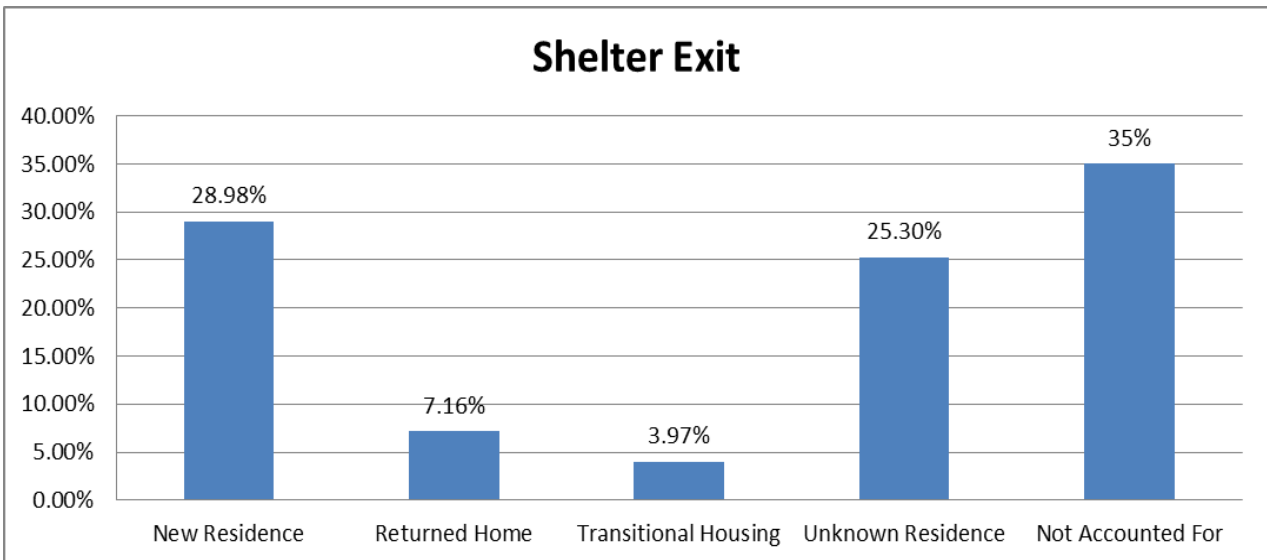
- **30.18% of shelter clients** served **completed** the Federal Outcomes Survey
- 92.31% of those surveyed answered Yes to having increased strategies for enhancing their safety
- 90.54% of those surveyed answered Yes to having more knowledge of available community resources

DSS Referrals

*82 (3.97%) Shelter residents had open CPS cases

- Shelter received 38 referrals from CPS and made 107 referrals to CPS
- Shelter received 2 referrals from APS and made 8 referrals to APS
- Shelter received 8 referrals from Family Independence/SNAP/Other DSS Financial Assistance and made 786 referrals to Family Independence/SNAP/Other DSS Financial Assistance

*These numbers **do not include** data provided on the DV Liaison reporting form



1,911 hours were spent on following up with residents who exited shelter

Additional Information

- 13% of shelter residents had to seek medical attention as a result of the domestic violence
- 28% had law enforcement involved
- 24% had the batterer damage property
- 4% had the batterer harm their pets and 6% had their pets threatened

Children's Services

- Individual counseling and advocacy provided **2,658 service contacts** to children in shelter
- Group counseling and advocacy provided **1,084 service contacts** to children in shelter
- **872 service contacts** for individual activities to children in shelter
- Group activities provided **1,527 service contacts** to children in shelter

Overall Program:

- Program staff answered **20,993 crisis calls**
- Program staff provided **4,920 Safety Plans over the phone** to clients
- 14,805 Referrals were provided over the phone** to clients
- Program staff provided **Face to Face Safety Plans to 6,839** clients
- 20,666 Face to Face Referrals** were provided to clients served in shelter and non-residential programs
- 3,856 Referrals** were provided via mail or email to clients

Legal Advocacy:

- 1,509 victims were provided Victim Witness Notification services
- SC programs provided **15,984.92 legal advocacy hours**, accompanying:
 - 4,340 victims to 3,180 criminal hearings
 - 4,340 victims were accompanied to 2,343 civil hearings
 - Assisting victims with 2,245 Orders for Protection, of which 57% were granted

4 programs provided:

- 24 hospital responses to DV incidents

1 programs provided:

- 2 supervised visitation/exchange

Volunteers

- There were a total of **8,149 active volunteers** who provided **103,612.30 hours of service**
- SC programs provided 4,544.70 hours of volunteer training

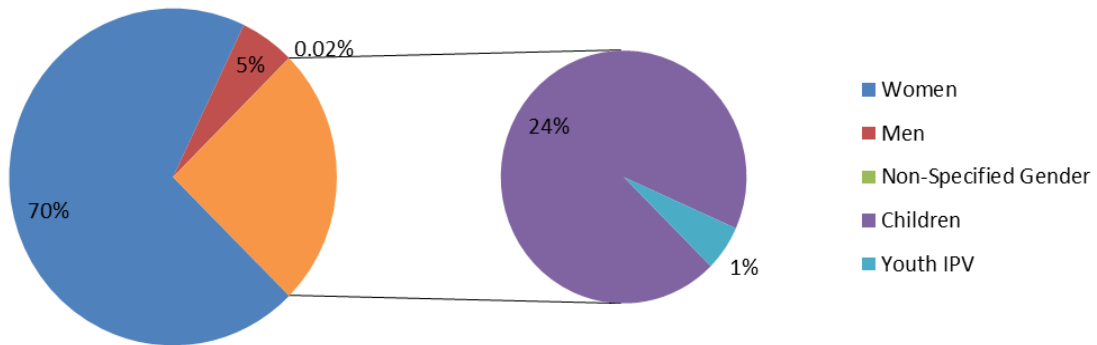
Community Education:

SC programs provided a total of:

- 1,059 community education events reaching 24,230 adults
- 1,006 community education events reaching 22,989 youth
- 647 public awareness activities (press conferences, booths at health fairs, etc)
- 6,498 media presentations (newspaper article, magazine, local tv news, etc)

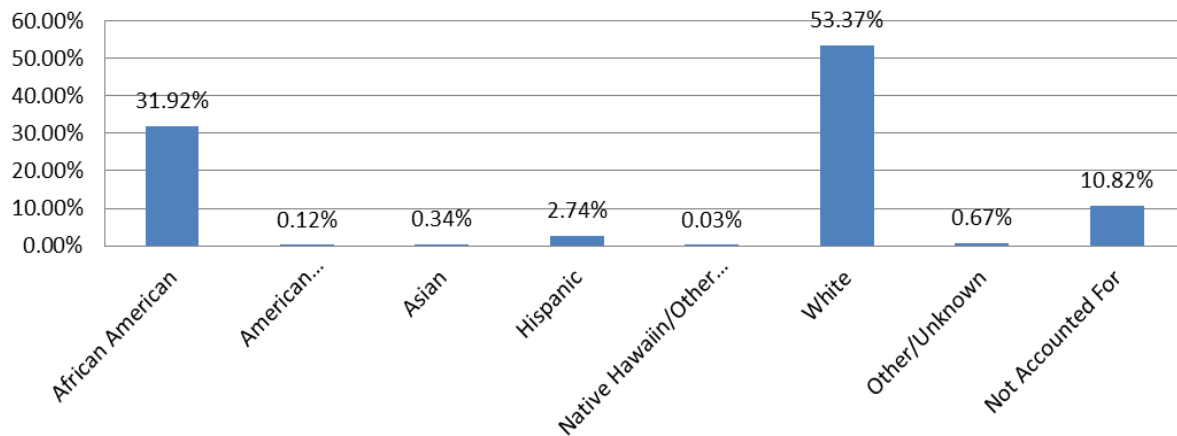
Non Residential Population:

Unduplicated Clients Served

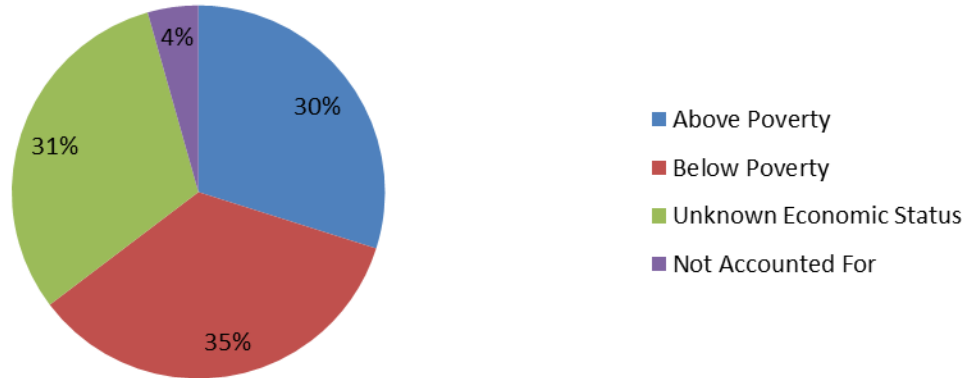


10.82% of Non-Residential clients served were not accounted for in the Race/Ethnicity Category

Race/Ethnicity

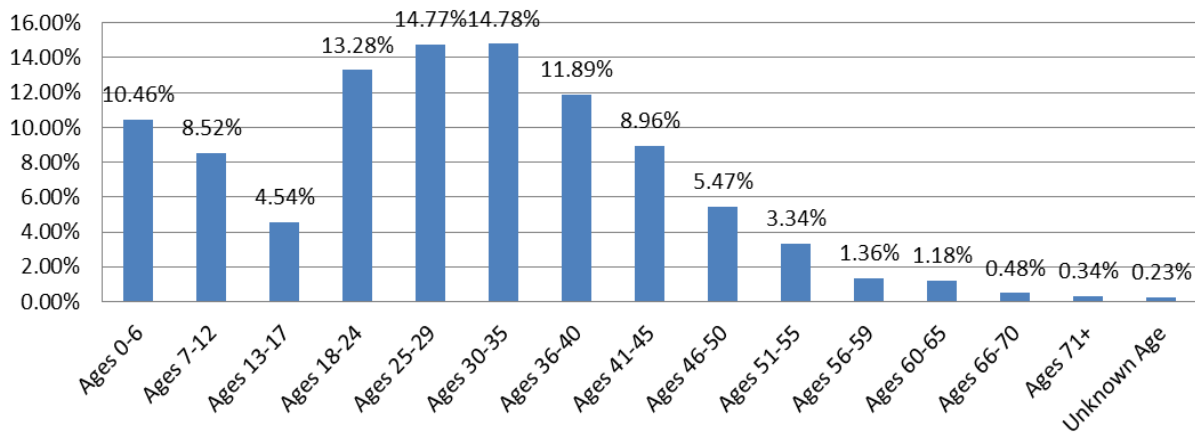


Economic Status



- 40% were married
- 60% were single
- 12% had a problem with alcohol abuse
- 9% had a problem with drug abuse
- 8% had a problem with both alcohol and drug abuse
- 10% were childhood victims of physical abuse
- 6% were childhood victims of sexual abuse
- 19% witnessed domestic violence as a child

Non-Residential Population Ages



Counseling and Advocacy

Individual counseling and advocacy provided **15,058 service contacts** to non-residential clients including such services as:

- crisis intervention
- safety planning
- individual counseling
- peer counseling
- educational services
- legal advocacy
- personal advocacy
- housing advocacy
- medical advocacy
- information/referral
- transportation

2,349 groups took place providing **4,734 service contacts** for non-residential clients

7.10% of non-residential clients served **completed** the Federal Outcomes Survey

- 89.46% of those surveyed answered Yes to having increased strategies for enhancing their safety
- 89.53% of those surveyed answered Yes to having more knowledge of available community resources

DSS Referrals

*1,074 (8.93%) Non-Residential clients had open CPS cases

- Non-Residential services received 735 referrals from CPS and made 113 referrals to CPS
- Non-Residential services received 77 referrals from APS and made 33 referrals to APS
- Non-Residential services received 81 referrals from Family Independence/SNAP/Other DSS Financial Assistance and made 420 referrals to Family Independence/SNAP/Other DSS Financial Assistance

*These numbers **do not include** data provided on the DV Liaison reporting form

- 5% of non-residential clients had to seek medical attention as a result of the domestic violence
- 67% had law enforcement involved
- 15% had the batterer damage property
- 3% had batterers threaten their pets
- 2% had batterers harm their pets

Children's Services

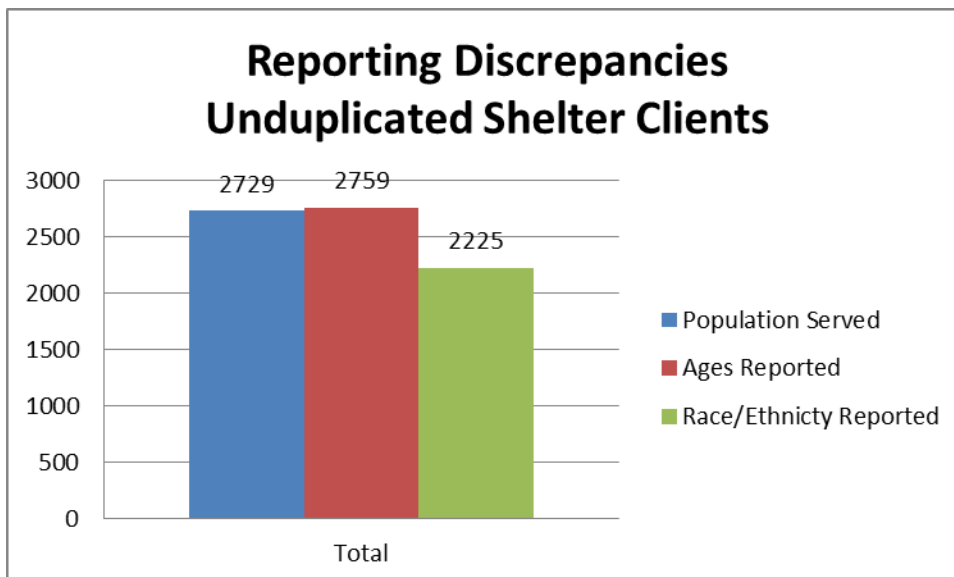
- Individual counseling and advocacy provided **2,540 service contacts** to children served in the non-residential setting
- Group counseling and advocacy provided **214 service contacts** to children served in the non-residential setting
- Individual activities provided **428 service contacts** to children served in the non-residential setting
- Group activities provided **1,905 service contacts** to children served in the non-residential setting

Residential Stats Analysis

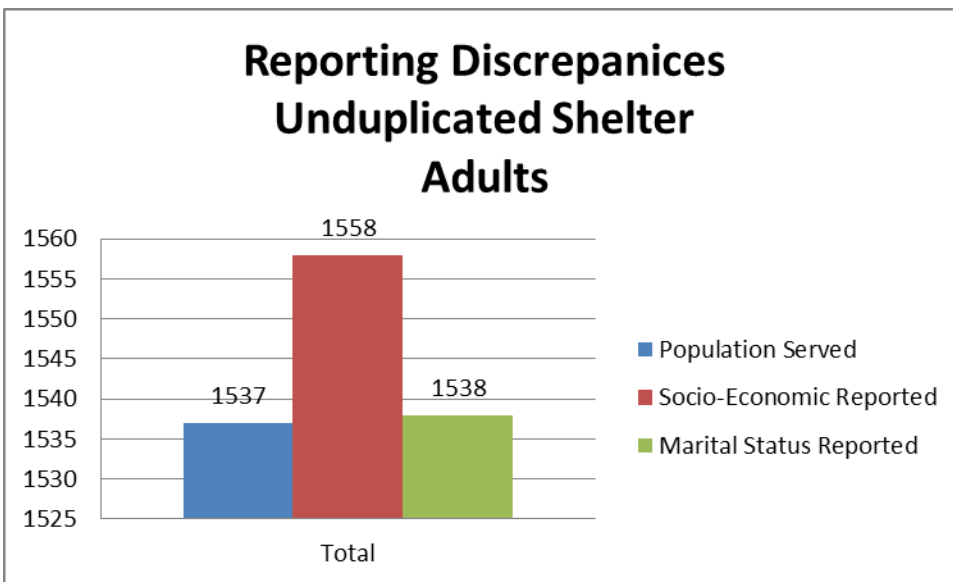
Number of *Unduplicated* (or New for the Fiscal Year) clients served did not match the number of clients reported in the *Ages* section. Broken down by children and adults, **the numbers were over 30 individuals for Children.**

Category	Reported number	Based on Ages Reported	Difference
Total New for the Year Children & Adults	2,729		
Total New for the Year Adults	1,537	1,537	n/a
Total New for the Year Children	1,192	1,222	+30
Age	2,759		+30

Ethnicity is recorded for *Unduplicated Adults* only and does not have to match the number of *Unduplicated Adults* served as clients may self-identify in more than one category. **Based on data provided this year, the numbers were under by 504 individuals.** Many programs did not report the Ethnicity for Child Clients as required by the Definition



Economic and Marital Status should be recorded for *Adult Unduplicated Clients* only (unless an emancipated/married teen is sheltered/provided services...if so please indicate that to me via email when you send the stats). Therefore, the totals in these categories should match the totals in *Adult Ages* and *Unduplicated Adults*. **This year, *Economic Circumstances* was over by 21 individuals; *Marital Status* was under by 3 individuals.**

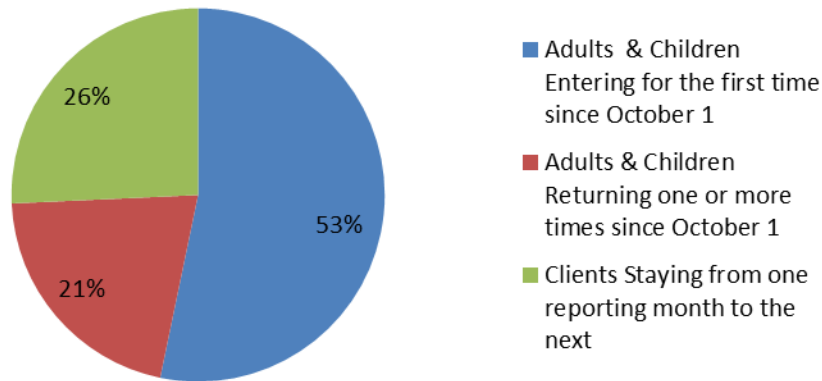


Continuous Services is the number of clients who carry over from one month to another. This number is calculated by subtracting the total number of *Duplicated* (or New for the Month) and *Unduplicated Adults* and *Children* served from the total number of *Adults* and *Children* who stayed in shelter during the reporting month/year. **This year programs reported 1,318 individuals stayed in shelter from one reporting month to the next.**

Total Clients in shelter/provided services is calculated by adding the number of *Duplicated* and *Unduplicated Adults* and *Children* served during the reporting month/year.

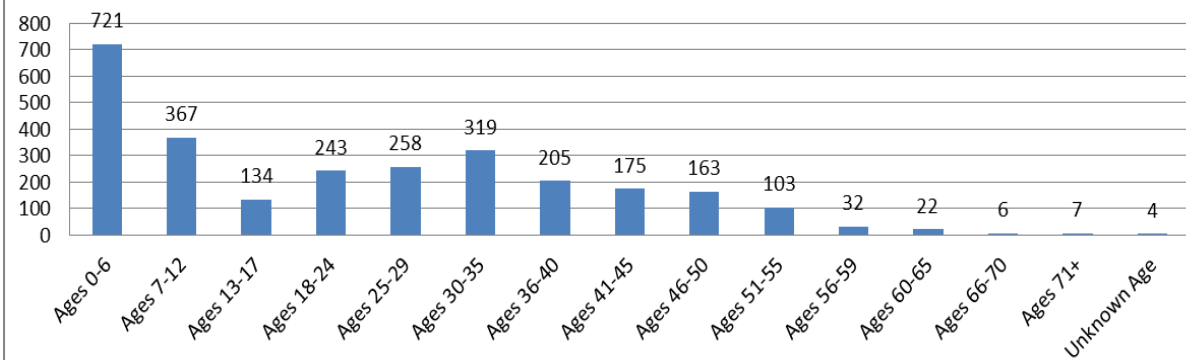
Category	Reported number
Total New for the Year (Unduplicated) Children & Adults	2,729
Total New for the Year (Unduplicated) Adults	1,537
Total New for the Year (Unduplicated) Children	1,192
Total New for the Month (Duplicated) Children & Adults (repeat, non-carry over clients)	1,077
Total New for the Month (Duplicated) Adults	530
Total New for the Month (Duplicated) Children	547
Total Adults Provided Svcs. (Q1)	2,779
Total Children Provided Svcs. (Q2)	2,345
Total Unduplicated and Duplicated Clients in Shelter	3,806
Continuous Services	1,318

Shelter Entry Population



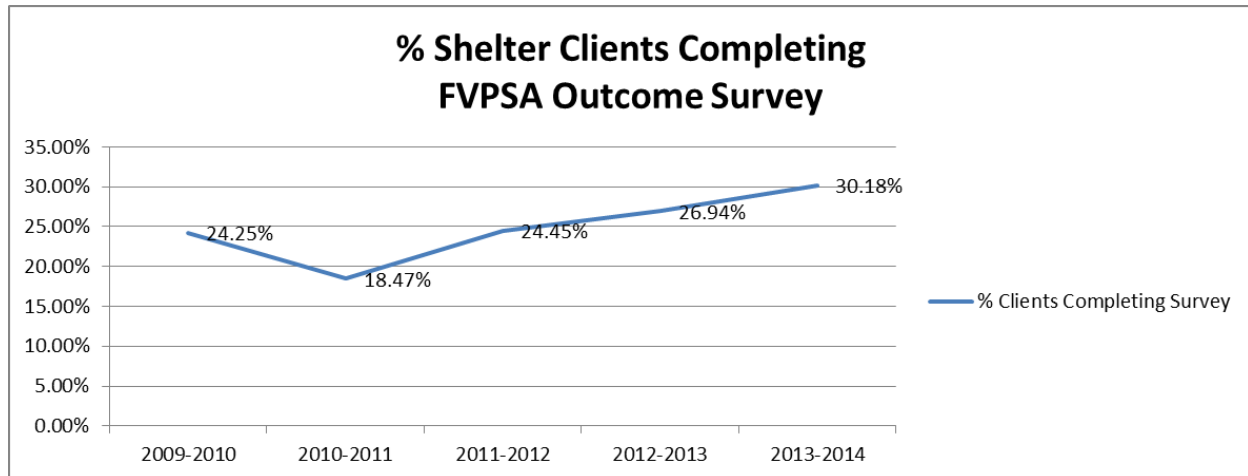
Children Ages 0-6 is the largest population served in shelter. The next largest population served is *Children Ages 7-12*, followed by *Adults ages 30-35*.

Residential Ages 2013-2014

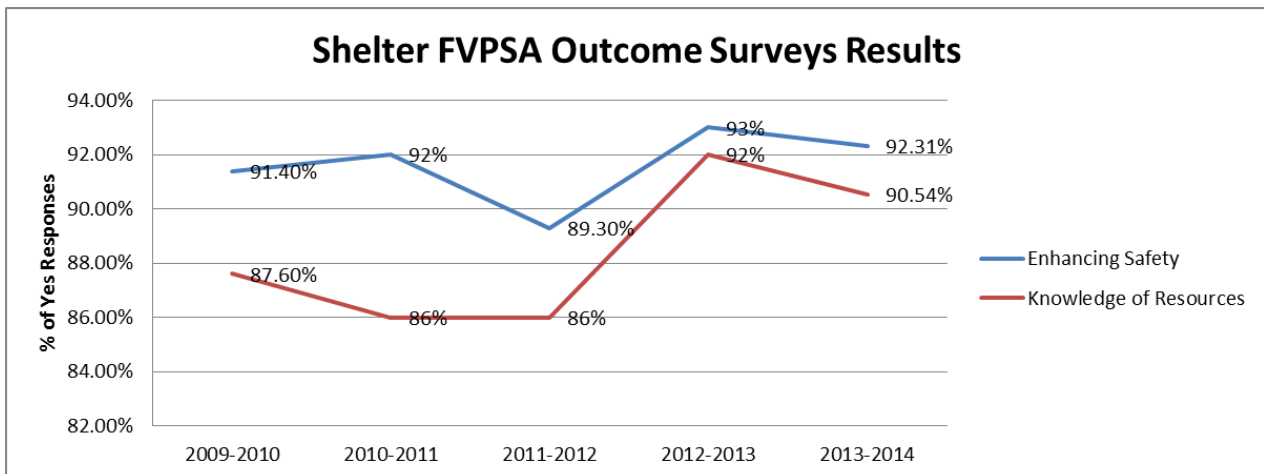


According to the most recent Census Data for SC (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>), there are 3,544,890 adults over the age of 18 and 1,080,474 children under 18 in SC. DV Shelters provided services to 0.04% of SC's adult population and 0.11% of SC's child population.

The number of *Outcome Surveys* increased since last fiscal year, but the Yes answers to both the Safety and Resource questions decreased.



For the 30.18% of clients who completed the surveys; 92.31% increased their strategies for enhancing their safety, and 90.54% increased their knowledge of available community resources.

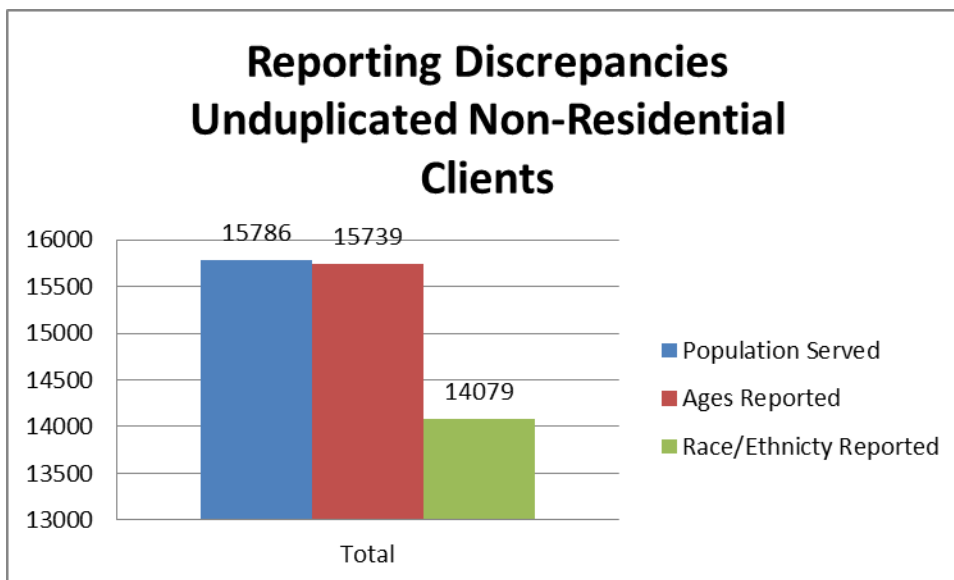


Non-Residential Stats Analysis

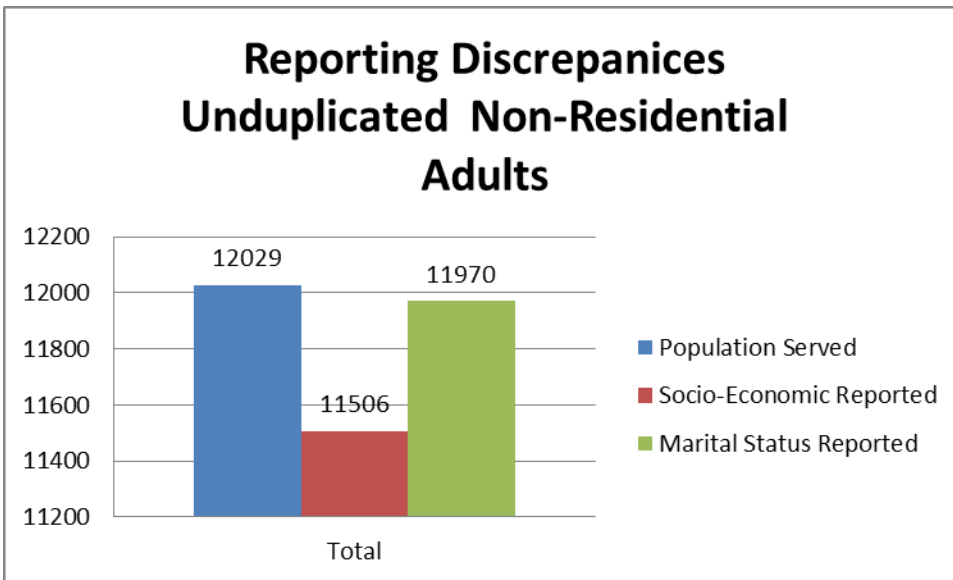
Number of *Unduplicated* (or New for the Fiscal Year) clients served did not match the number of clients reported in the *Ages* section. Broken down by children and adults, the numbers were under 2 individuals for *Adults* and under 45 individuals for *Children*.

Category	Reported number	Based on Ages Reported	Difference
Total New for the Year Children & Adults	15,786		
Total New for the Year Adults	12,029	12,027	-2
Total New for the Year Children	3,757	3,712	-45
Age	15,739		-47

Ethnicity is recorded for *Unduplicated Adults* only and does not have to match the number of *Unduplicated Adults* served as clients may self-identify in more than one category, however this year there were **1,707 less** individuals reported for *Race/Ethnicity* than *Unduplicated Adults served*. Many programs did not report the *Ethnicity* for Child Clients are required by the Definition



Economic and Marital Status should be recorded for *Adult Unduplicated Clients* only (unless an emancipated/married teen is sheltered/provided services...if so please indicate that to me via email when you send the stats). Therefore, the totals in these categories should match the totals in *Adult Ages* and *Unduplicated Adults*. **This year, *Economic Circumstances* was under reported by 523 individuals; *Marital Status* was under reported by 59 individuals.**

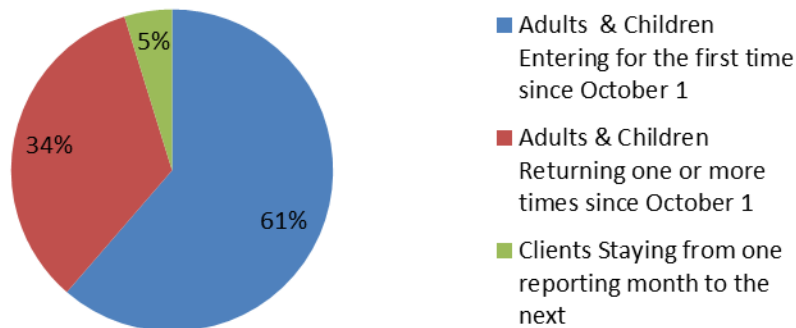


Continuous Services is the number of clients who carry over from one month to another. This number is calculated by subtracting the total number of *Duplicated* (or New for the Month) and *Unduplicated Adults* and *Children* served from the total number of *Adults* and *Children* who stayed in shelter during the reporting month/year. **This year programs reported 1,233 individuals stayed in non-residential services from one reporting month to the next.**

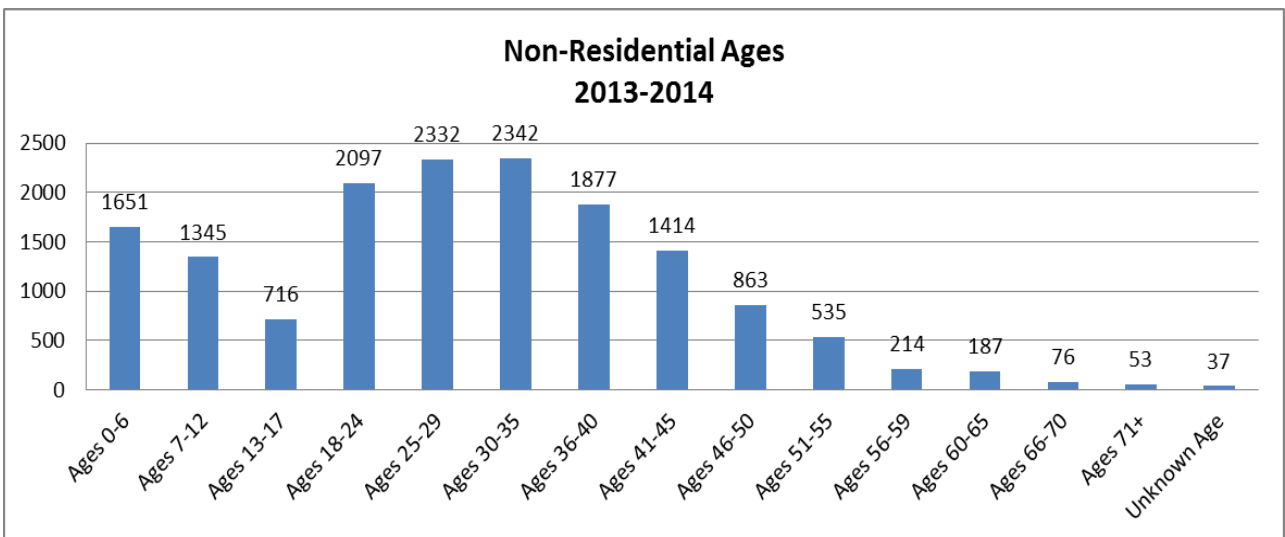
Total Clients Provided Non-Residential Services is calculated by adding the number of *Duplicated* and *Unduplicated Adults* and *Children* served during the reporting month/year.

Category	Reported number
Total New for the Year Children & Adults	15,786
Total New for the Year Adults	12,029
Total New for the Year Children	3,757
Total New for the Month Children& Adults (repeat, non-carry over clients)	8,714
Total New for the Month Adults	6,404
Total New for the Month Children	2,310
Total Adults Provided Svcs. (Q3)	19,315
Total Children Provided Svcs. (Q4)	6,418
Total Clients receiving N/R Svcs	24,500
Continuous Services	1,233

Non-Residential Services Entry Population

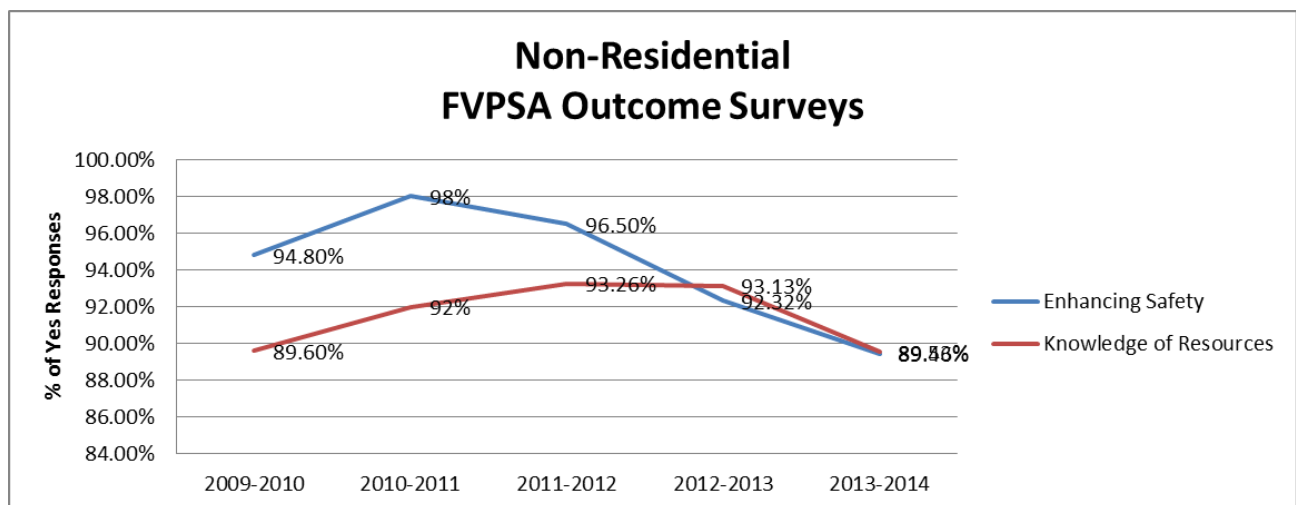
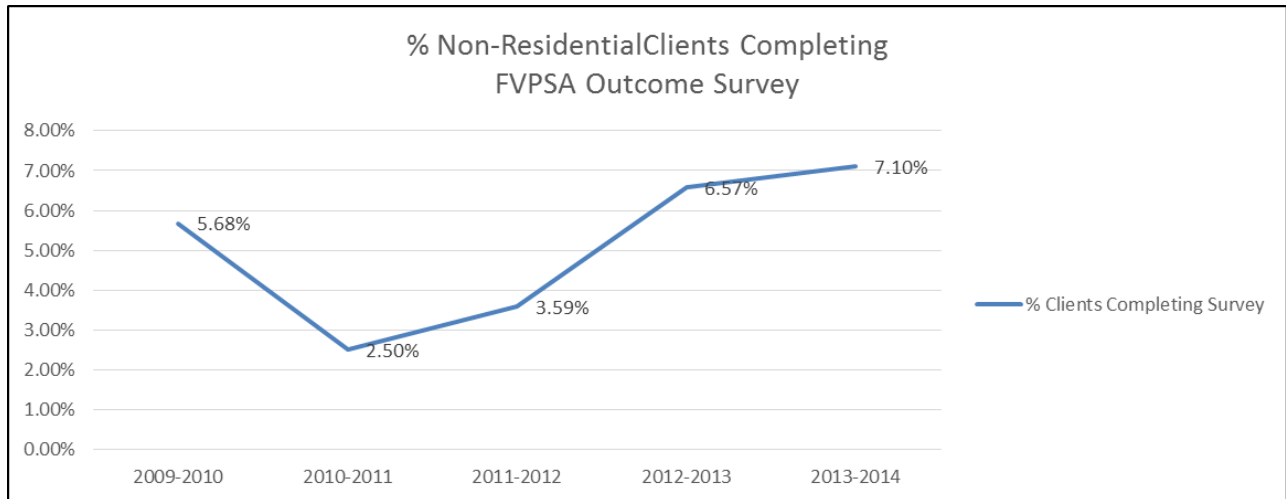


Adults Ages 30-35 is the largest population served non-residentially. The next largest population served is Adults Ages 25-29.

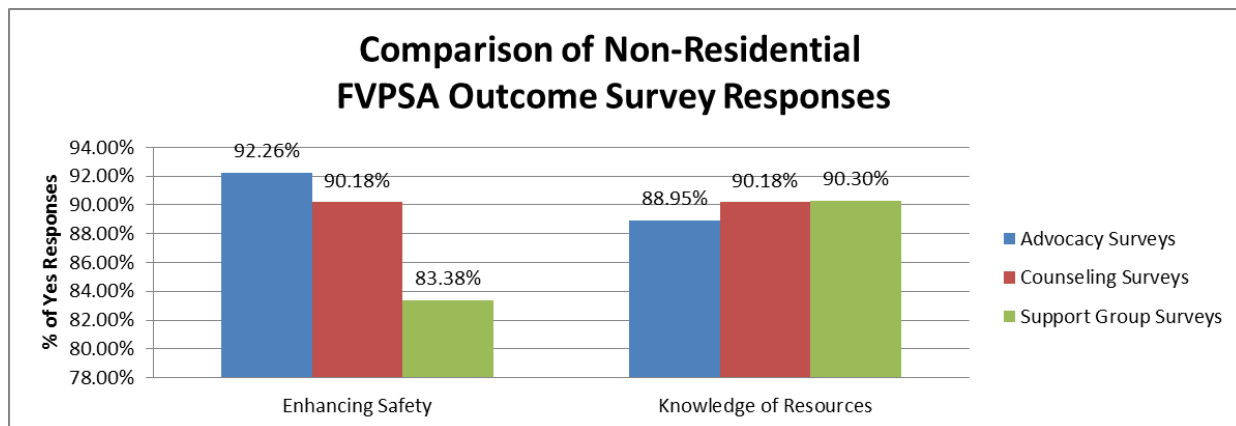
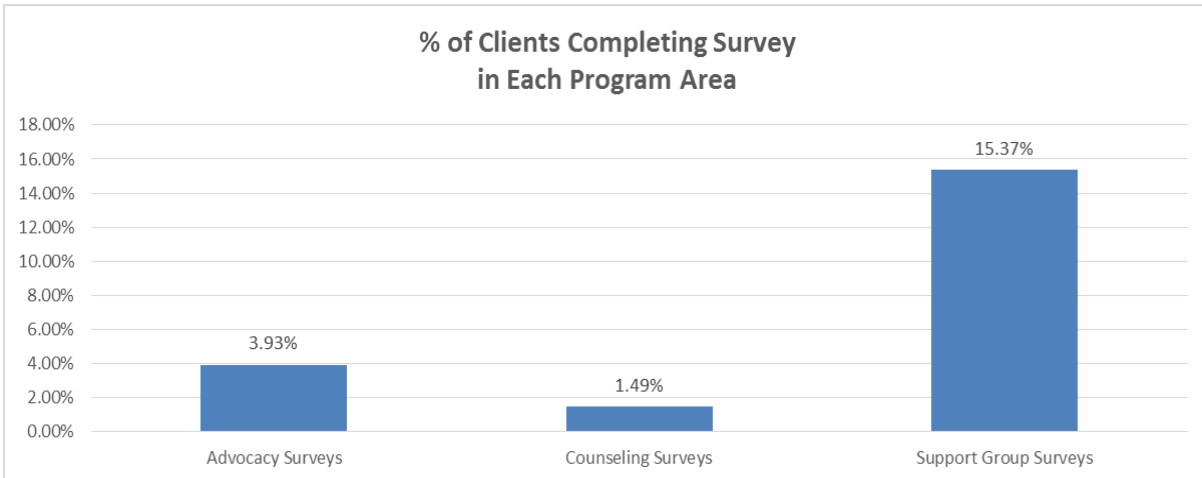


According to the most recent Census Data for SC (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>), there are 3,544,890 adults over the age of 18 and 1,080,474 children under 18 in SC. *DV programs provided non-residential services to 0.34% of SC's adult population and 0.34% of SC's child population.* The number of *Outcome Surveys* and Yes answers to the safety and knowledge questions decreased from last year.

For the 7.10% of clients who completed the surveys; 89.46% increased their strategies for enhancing their safety, and 89.53% increased their knowledge of available community resources.



FVPSA asks that types of surveys be broken down in the non-residential categories. Knowledge of Resources was lowest in the Advocacy Surveys and Increased Safety was lowest in the Support Group Surveys.



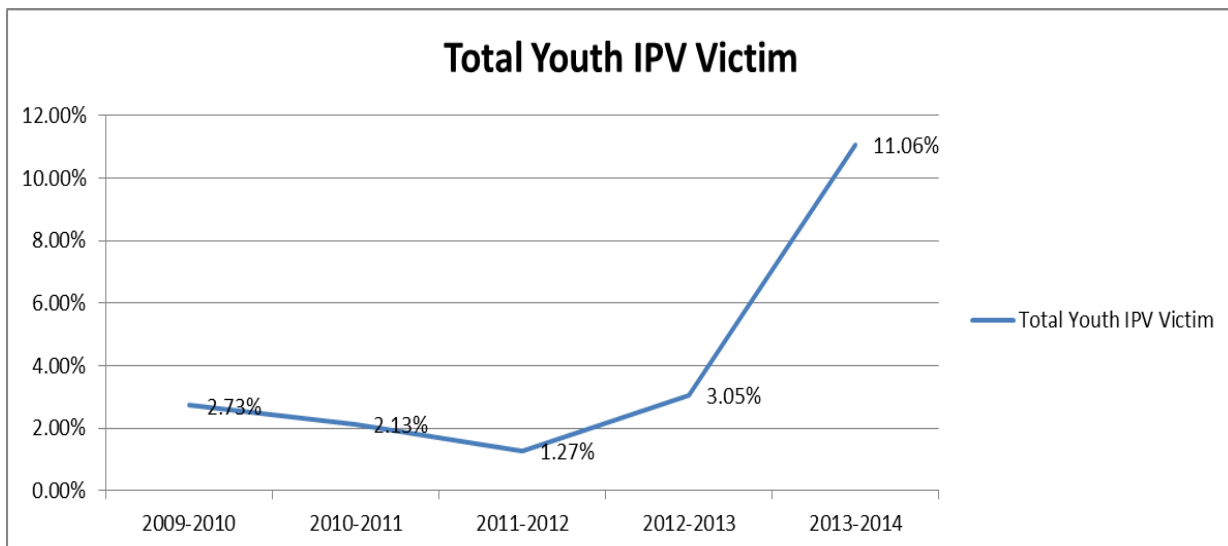
Overall DV Programs Stats Analysis

Underserved Populations

In Fiscal Year 2013-2014, a total of 850 *Children Ages 13-17* were served in *Shelter* and *Non-Residential* programs. 21,388 *Youth* were reached through *Community Education* efforts. Based on the population of *Children Ages 13-17* receiving *Shelter* or *Non-Residential Services*, **11.06% were identified as a Youth Intimate Partner Violence Victim, and increase of 8.01 since last year.** Nationally one in three teens experiences some type of dating abuse in the US, (that's more than 1.5 million young people a year (<http://www.breakthecycle.org/im-from-the-media>)).

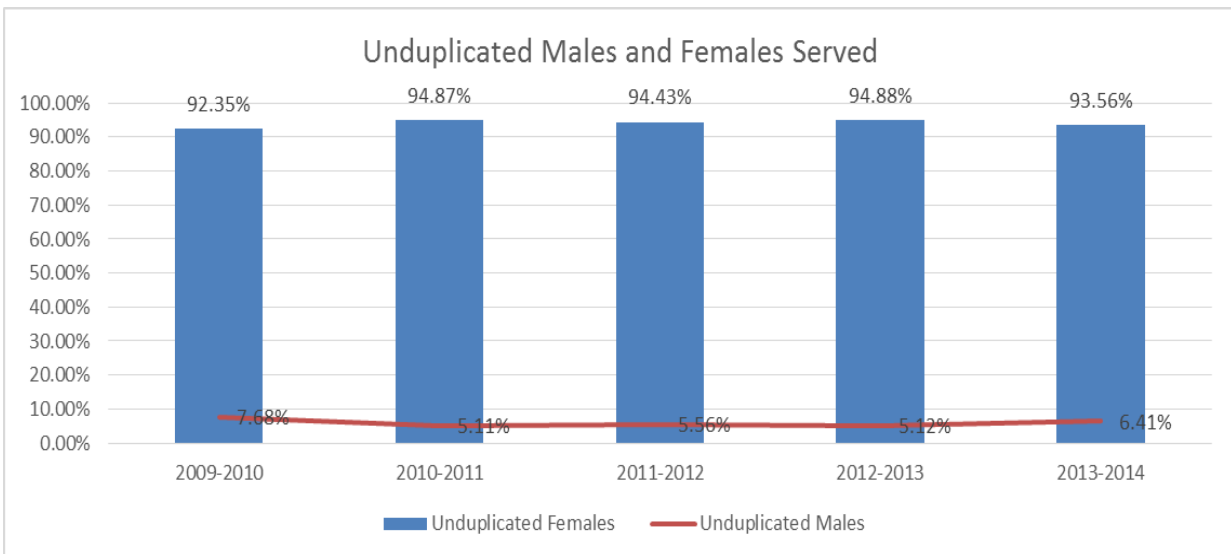
Category	Residential	Non-Residential	Total	Percent Served
Children Served 13-17	134	716	850	
Youth Community Education # of People Reached			21,388	
Total Youth IPV Victim	39	55	94	11.06%

Youth IPV Victims has also been steadily declining since 08-09 with its lowest point last fiscal year. **In fiscal Year 2013-2014 this number increased by 8.01.**



In Fiscal Year 2013-2014, a total of 13,566 *Unduplicated Adults* were served in *Shelter* and *Non-Residential* programs. Of this population, **6.41% were Male**.

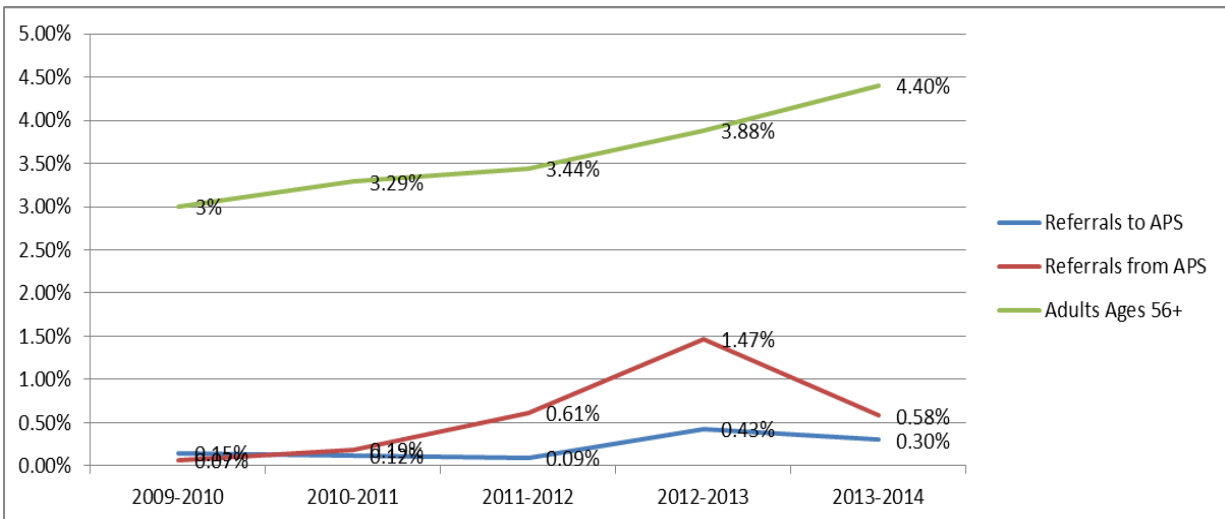
Category	Residential	Non-Residential	Total	Percent Served
Total Unduplicated Adults Served	1,537	12,029	13,566	
# Women Served	1,535	11,158	12,693	93.56%
# Men Served	2	868	870	6.41%



In Fiscal Year 2013-2014, a total of 597 *Adults Ages 56+* were served in *Shelter* and *Non-Residential* programs. 13,566 *Unduplicated Adults* were served in *Shelter* and *Non-Residential* programs, 4.4% were identified as being an Adult 56+, and increase of 0.52 from last year. *Shelter* and *Non-Residential* programs received 79 *Referrals from APS*, and made 41 *Referrals to APS*; a significant drop from last year. However, these numbers do not reflect data collected through the DV Liaison Report.

Category	Residential	Non-Residential	Total	Percent Served
Total Unduplicated Adults Served	1,537	12,029	13,566	
Adults ages 56+	67	530	597	4.4%
Referrals to APS	8	33	41	0.30%
Referrals from APS	2	77	79	0.58%

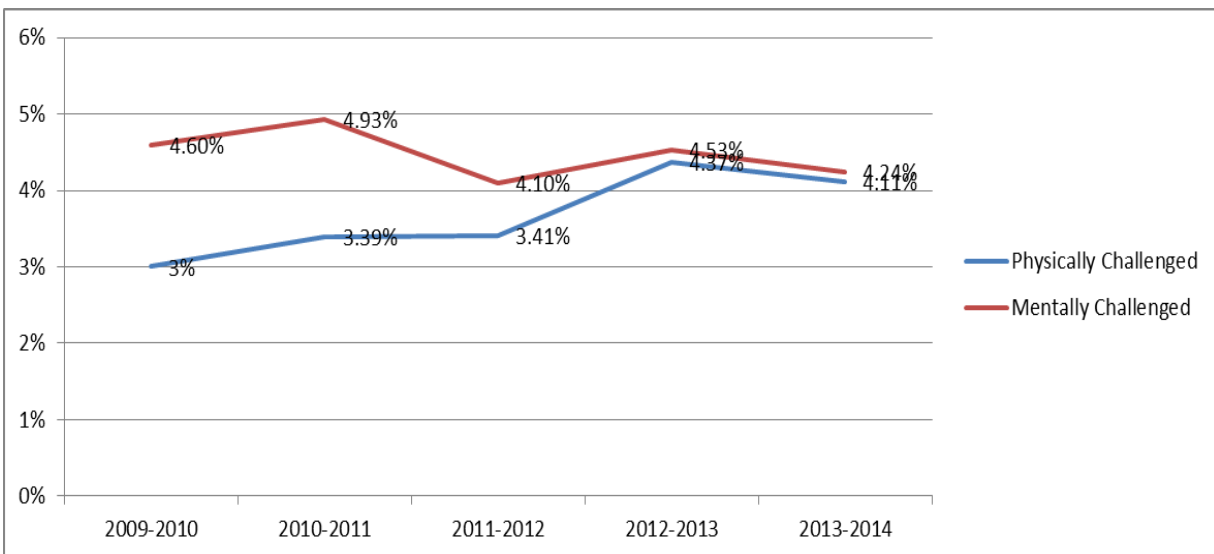
Adults Ages 56+ has increased every year since 09-10 including an increase of 0.52 in 2013-2014. *Referrals to and from APS* have also increased since 09-10, but they have dropped this year. *Referrals to APS* decreased 0.89 and *Referrals from APS* decreased 0.13 in 2013-2014. * Please note that these numbers do not include data from the DV Liaison Project.



In Fiscal Year 2013-2014, a total of 13,566 *Unduplicated Adults* were served in *Shelter* and *Non-Residential* programs. Of this population, **4.11% were identified as having a Physical Disability and 4.24% a Mental Disability**, meeting the minimum State Outcome Requirements for this category.

Category	Residential	Non-Residential	Total	Percent Served
Total Unduplicated Adults Served	1,537	12,029	13,566	
Physically Challenged	138	420	558	4.11%
Mentally Challenged	207	369	576	4.24%

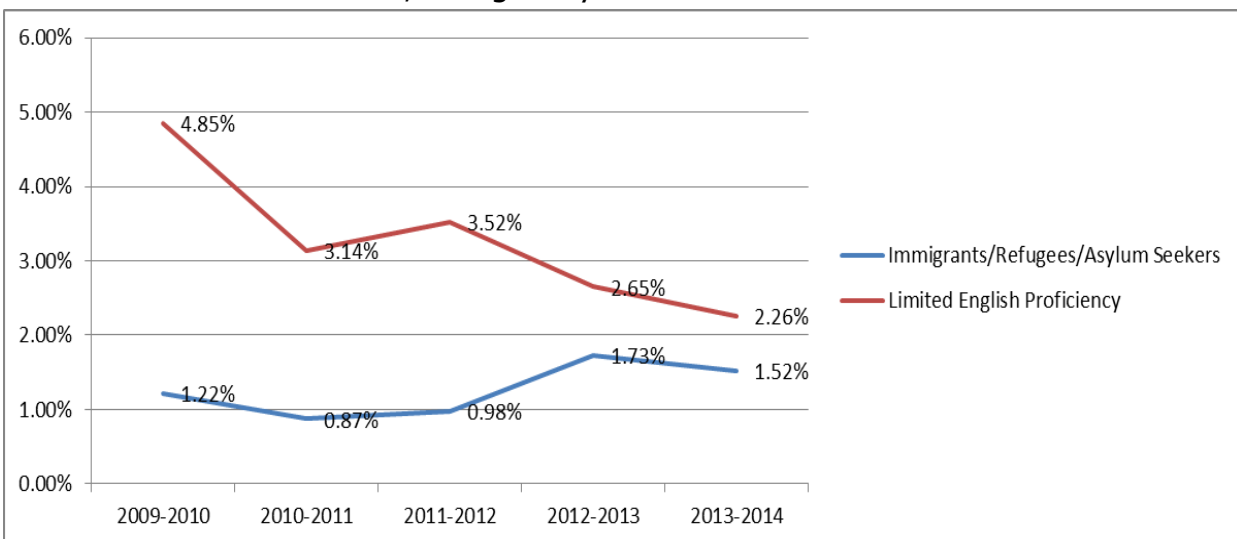
Last Fiscal Year, 2012-2013, clients identified as having a *Physical Disability* and *Mental Disability* reached its highest number served, but decreased for this fiscal year.



In Fiscal Year 2013-2014, a total of 13,566 *Unduplicated Adults* were served in *Shelter* and *Non-Residential* programs. Of this population, **1.52% were Immigrants/refugees/asylum seekers**, and **2.26% had Limited English Proficiency**.

Category	Residential	Non-Residential	Total	Percent Served
Total Unduplicated Adults Served	1,537	12,029	13,566	
Immigrants/Refugees/Asylum Seekers	21	185	206	1.52%
Limited English Proficiency	52	255	307	2.26%

In fiscal Year 2013-2014, **Underserved Population totals decreased for Limited English Proficiency (LEP) and Immigrants/Refugees/Asylum Seekers clients**. *LEP* clients served have been steadily dropping since 09-10. *Immigrants/Refugees/Asylum Seekers* increased 0.75% in 2012-2013, its highest year since 09-10.

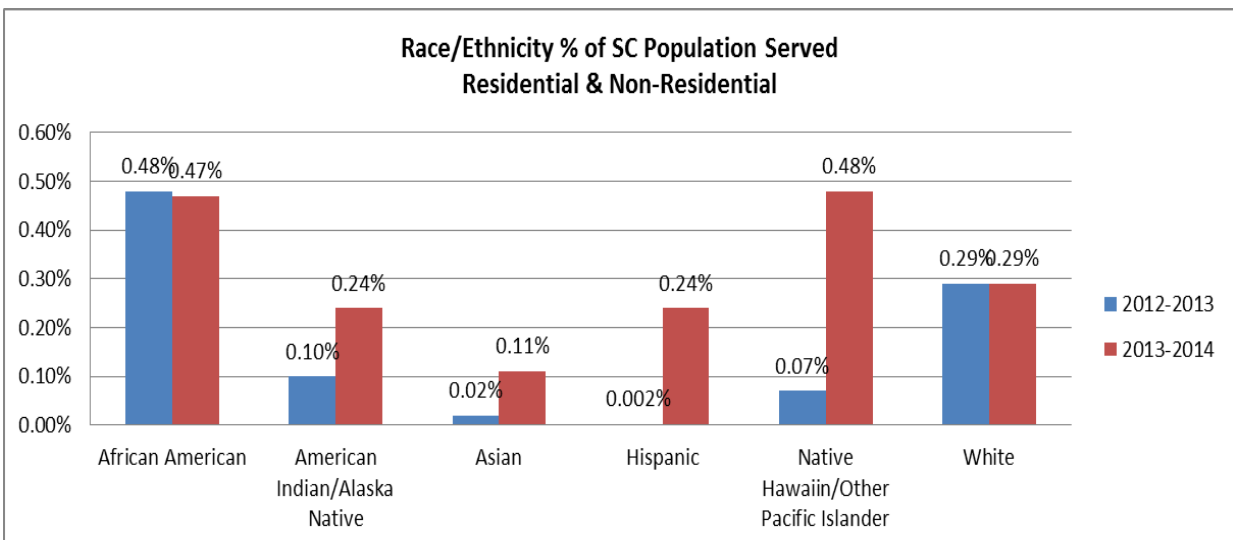
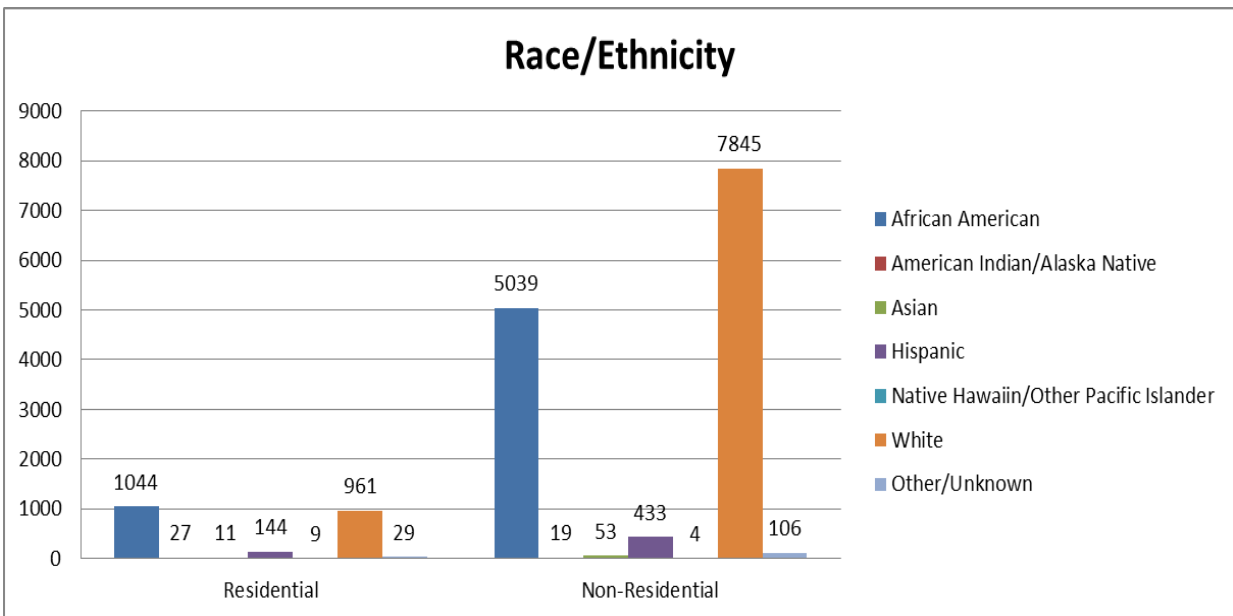


According to the most recent Census Data for SC (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>), 569,367 adults over 18 (or 16.8% of the population) who are not institutionalized have a disability. 136,461 (or 2.99%) non-US Citizens reside in SC; 245,156 (or 5.8%) people in SC speak English "less than very well".

DV programs provided services to 0.20% of the SC's adult population with a disability; 0.15% of SC's immigrant population; and 0.13% of SC's Limited English Proficiency

*Population. **

*Native Hawaiian/Other Pacific Islander, American Indian & Alaska Native, Asian, and the Hispanic/Latino population are our lowest served Race/Ethnicity groups. According to the most recent Census Data for SC, (<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>) programs served 0.48% of the state's *Native Hawaiian/Other Pacific Islander* population, 0.24% of the *American Indian & Alaska Native* population, 0.11% of the *Asian* population, and 0.24% of the *Hispanic/Latino* population.*

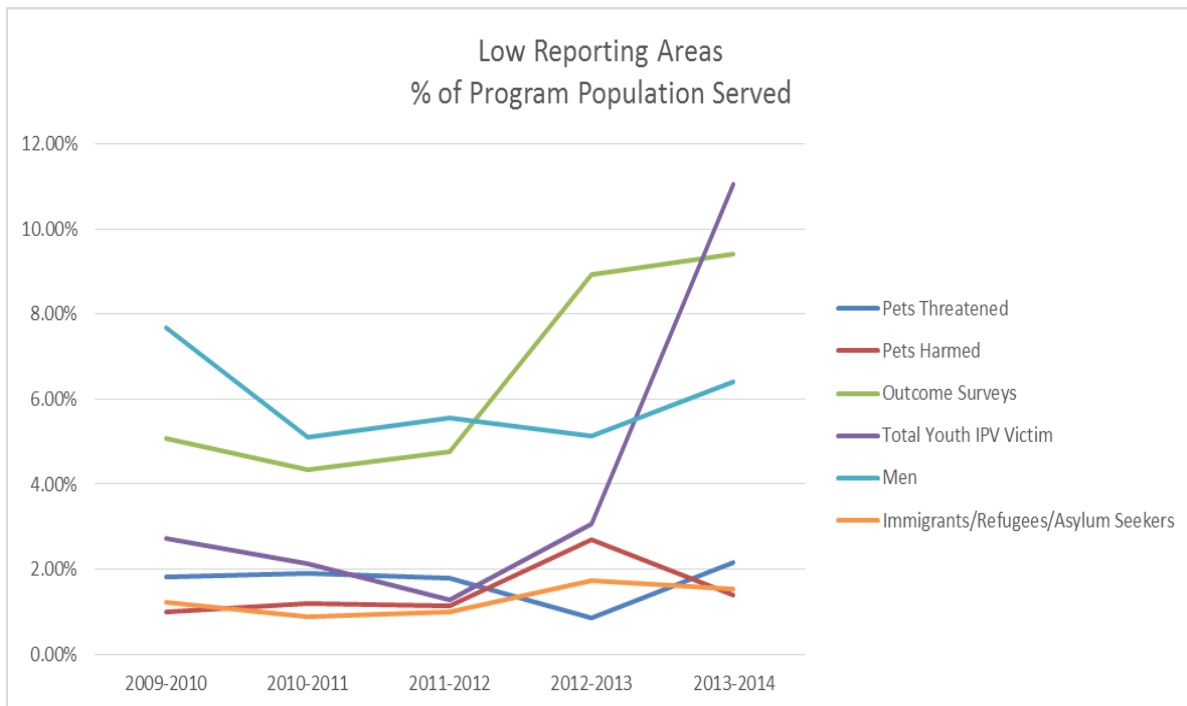


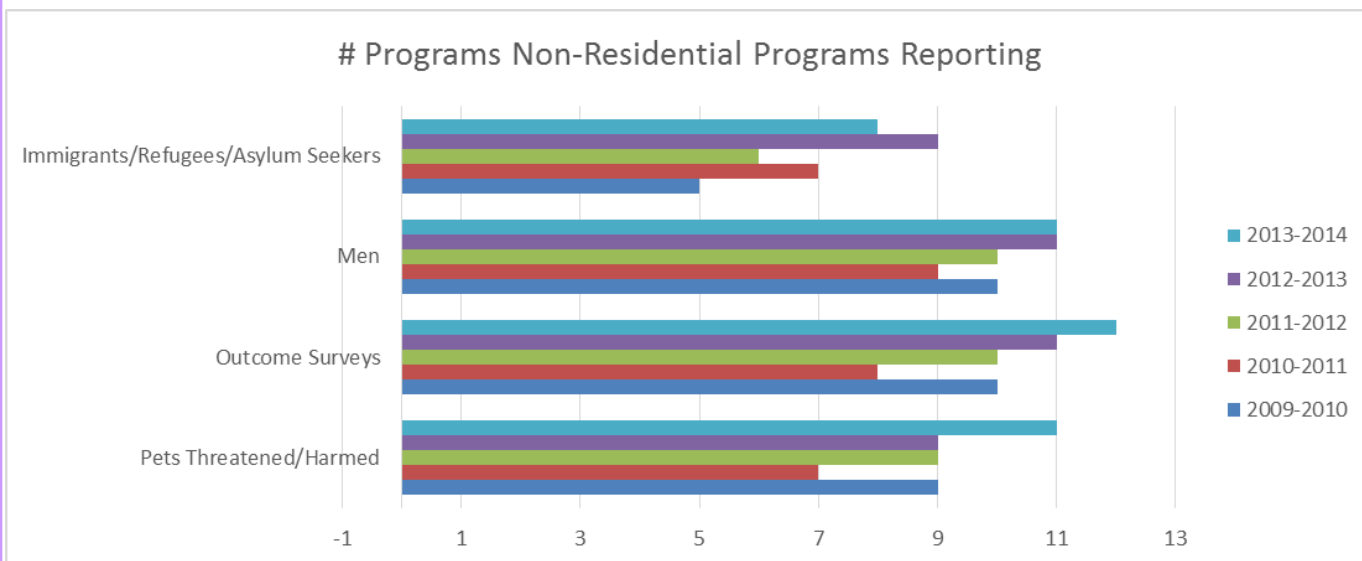
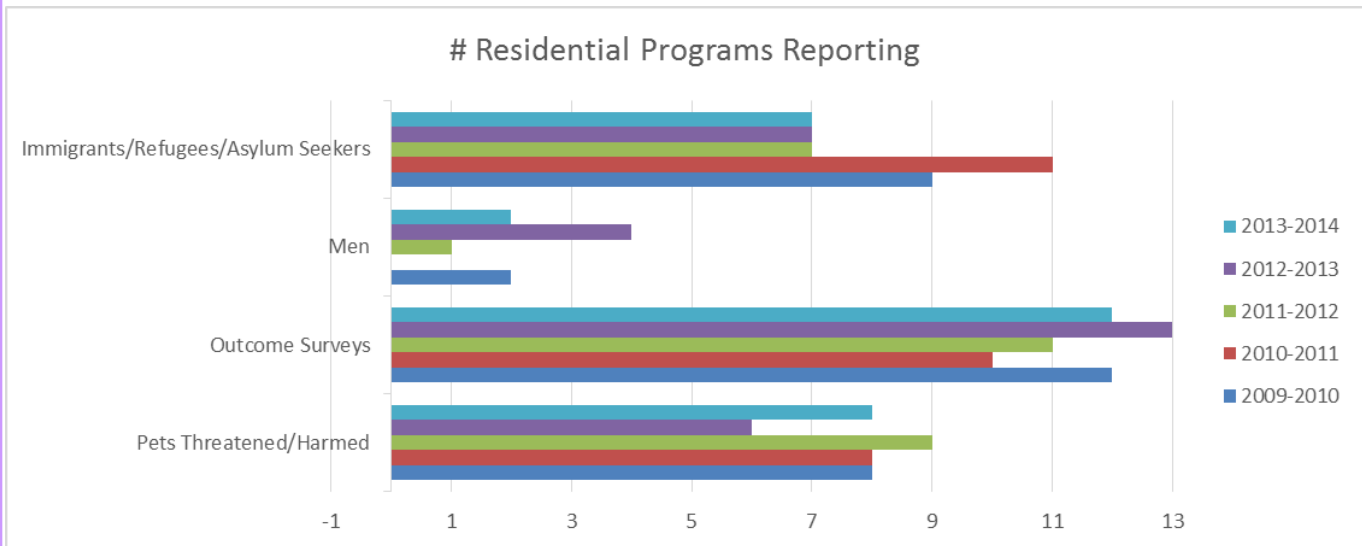
Low Reporting Areas

The same categories are still being identified as low reporting areas since last fiscal year. *All categories have increased since last year. More programs reported Total Youth IPV Victim than last year, but fewer programs reported Outcome Surveys and Immigrants.*

Category	Residential	Non-Residential	Total	# Programs Reporting
Pets Threatened	128	314	442	8 Residential 11 Nonresidential
Pets Harmed	84	202	286	7 Residential 11 Nonresidential
*Outcome Surveys	624	1,309	1,933	12 Residential 12 Non-Residential
Total Youth IPV Victim	39	55	94	4 residential 5 Non-residential
Men	2	868	870	2 Residential 11 Non-Residential
**Immigrants/Refugees/Asylum Seekers & LEP	73	440	513	7 Residential 8 Nonresidential both categories

Categories were included in this area based on the total number of individuals served and what we know about national trends. Some of these numbers may be low as a result of victims not self-reporting; these numbers could be an indicator that not all clients are being screened in these areas; these services may not be offered at a particular program; or these populations are not seeking services for some reason.



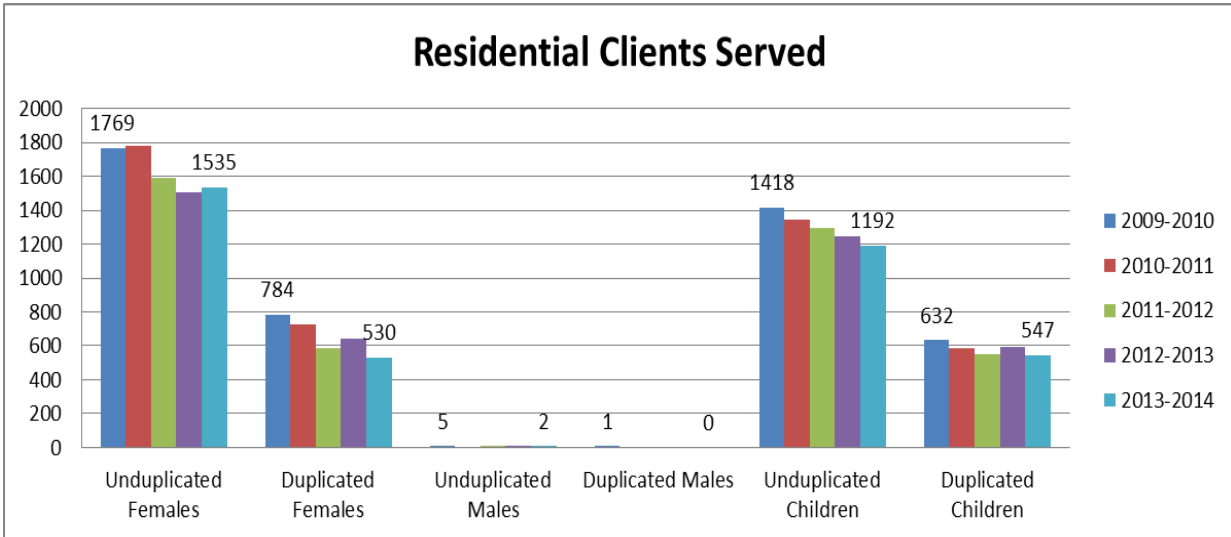


National Statistics on Low Reporting Areas

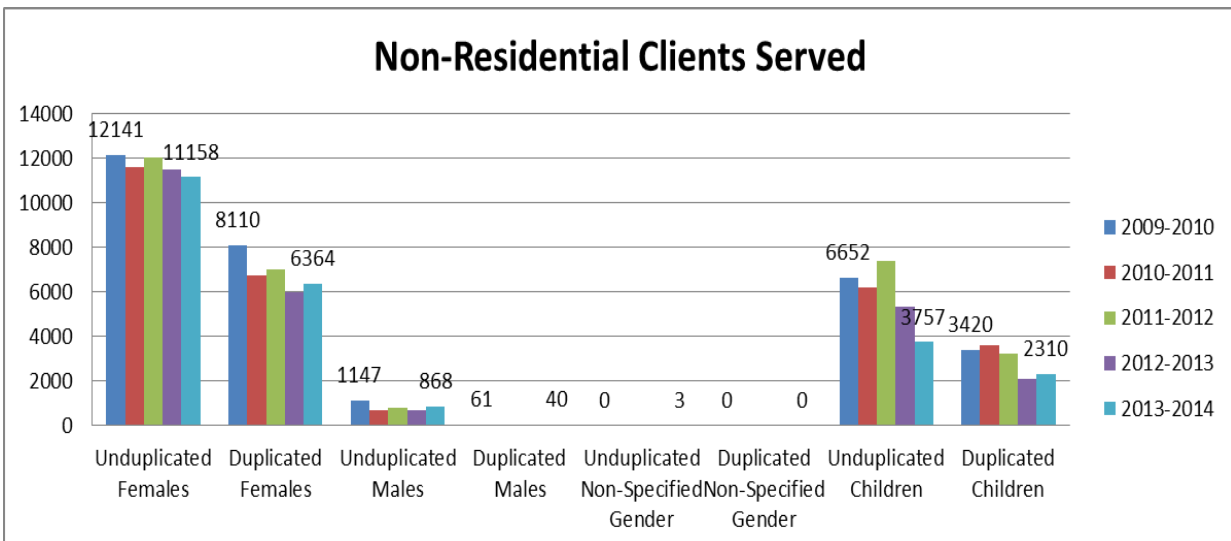
- 71% of pet-owning women entering women's shelters reported that their batterer had injured, maimed, killed or threatened family pets for revenge or to psychologically control victims; 32% reported their children had hurt or killed animals.
- 68% of battered women reported violence towards their animals. 87% of these incidents occurred in the presence of the women, and 75% in the presence of the children, to psychologically control and coerce them. <http://www.americanhumane.org/interaction/support-the-bond/fact-sheets/animal-abuse-domestic-violence.html>
- A recent study in New York City found that 51 percent of intimate partner homicide victims were foreign-born, while 45 percent were born in the United States.
- Forty-eight percent of Latinas in one study reported that their partner's violence against them had increased since they immigrated to the United States.
- A survey of immigrant Korean women found that 60 percent had been battered by their husbands.
- Married immigrant women experience higher levels of physical and sexual abuse than unmarried immigrant women, 59.5 percent compared to 49.8 percent, respectively http://www.endabuse.org/userfiles/file/Children_and_Families/Immigrant.pdf

Yearly Data Comparison

In Fiscal Year 2013-2014, *Shelter* was provided to 31 more *Individual Women*, 112 less *Repeat* (new for the month) *Women*, 5 less *Individual Men*, 53 less *Individual Children*, and 45 less repeat (new for the month) *Children* then last fiscal year.

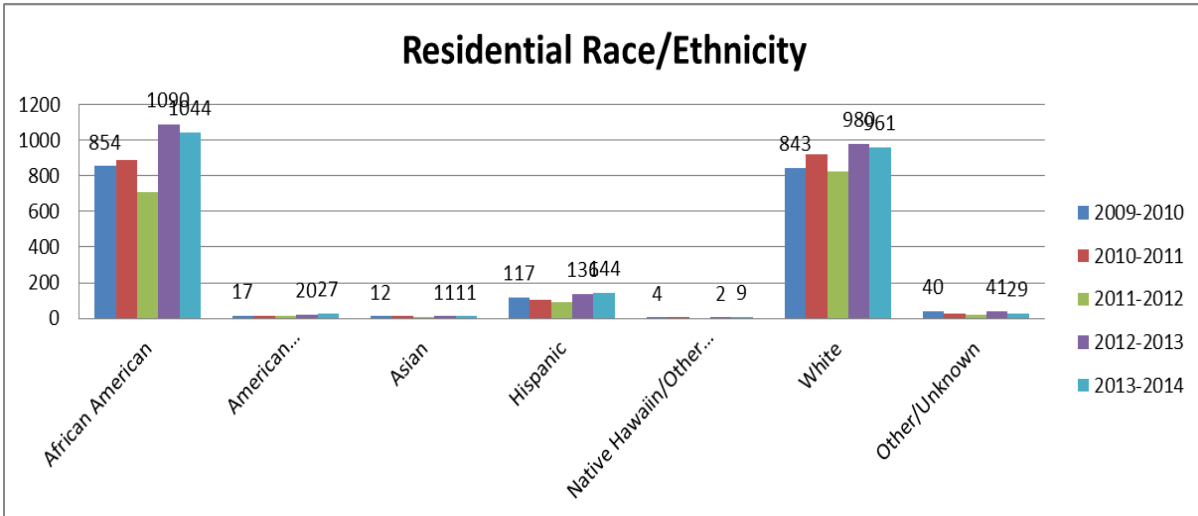


In Fiscal Year 2013-2014, *Non-Residential Services* were provided to 316 less *Individual Women*, 391 more *Repeat* (new for the month) *Women*, 174 more *Individual Men*, 12 less *Repeat* (new for the month) *Men*, 1,583 less *Individual Children*, and 226 more *Repeat* (new for the month) *Children* then last fiscal year.

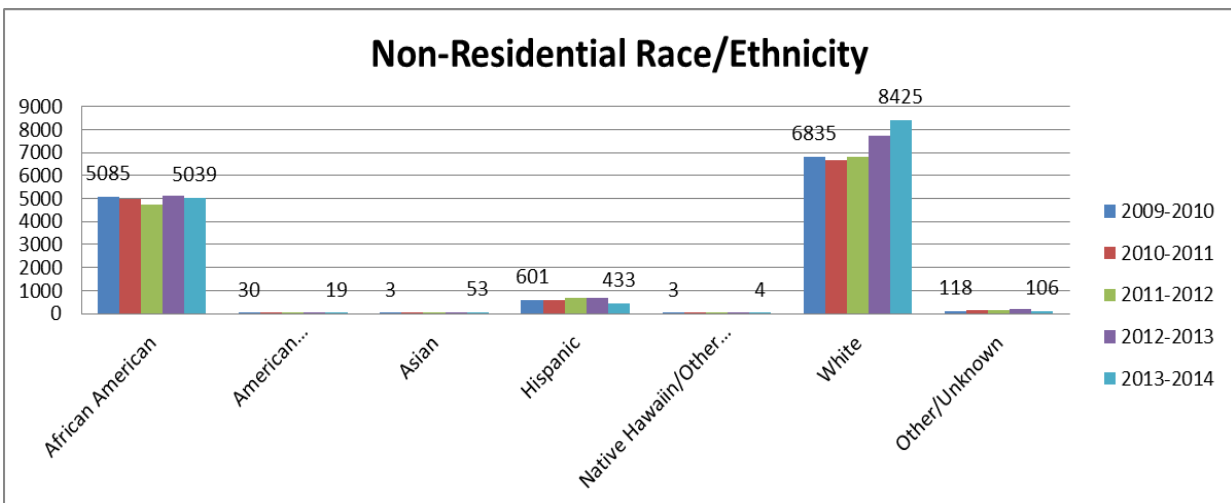


In Fiscal Year 2013-2014, 46 less *African American*, 7 more *American Indian/Alaska Native*, 8 more *Hispanic*, 7 more *Native Hawaiian/Other Pacific Islander*, and 19 less *White* clients were served in Shelter. The Asian population served remained the same.

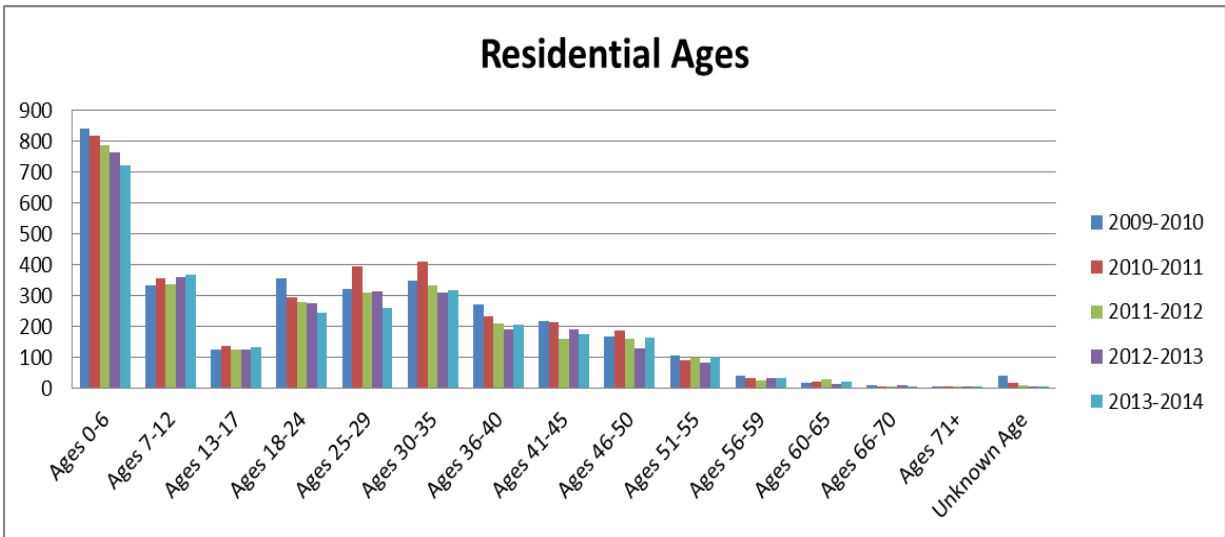
*Please note that prior to reporting year 2012-2013; *Children* were **not** included in the Race/Ethnicity category.



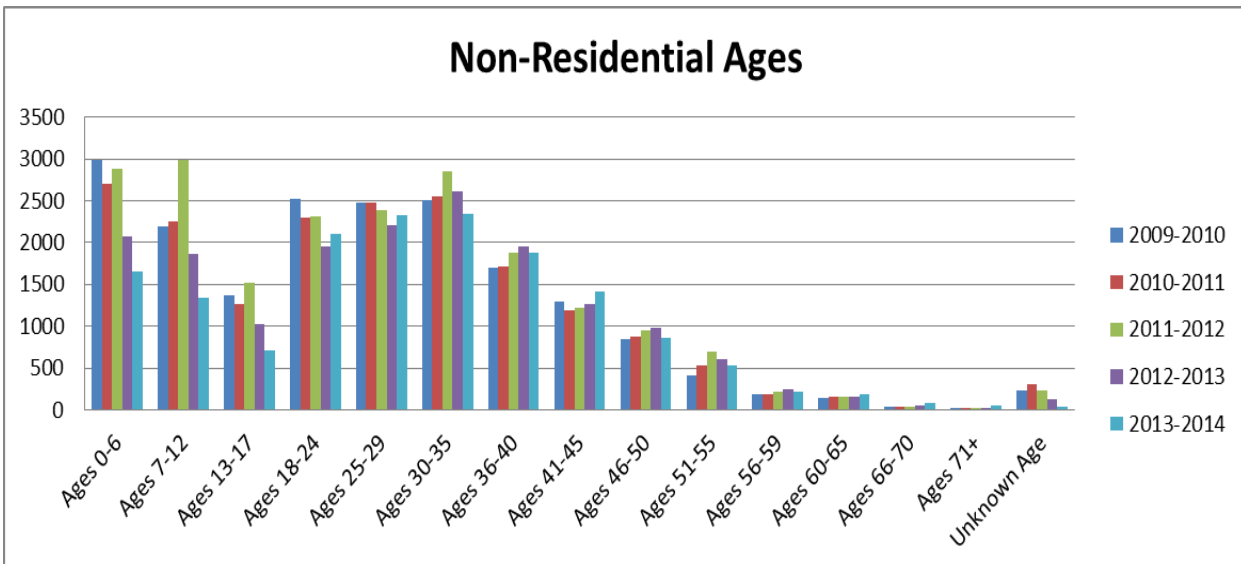
In Fiscal Year 2013-2014, 88 less *African American*, 6 more *American Indian/Alaska Native*, 6 more *Asian*, 231 less *Hispanic*, 1 less *Native Hawaiian/Other Pacific Islander*, and 676 more *White* clients were served Non-Residentially. * Please note that prior to reporting year 2012-2013; *Children* were **not** included in the Race/Ethnicity category.



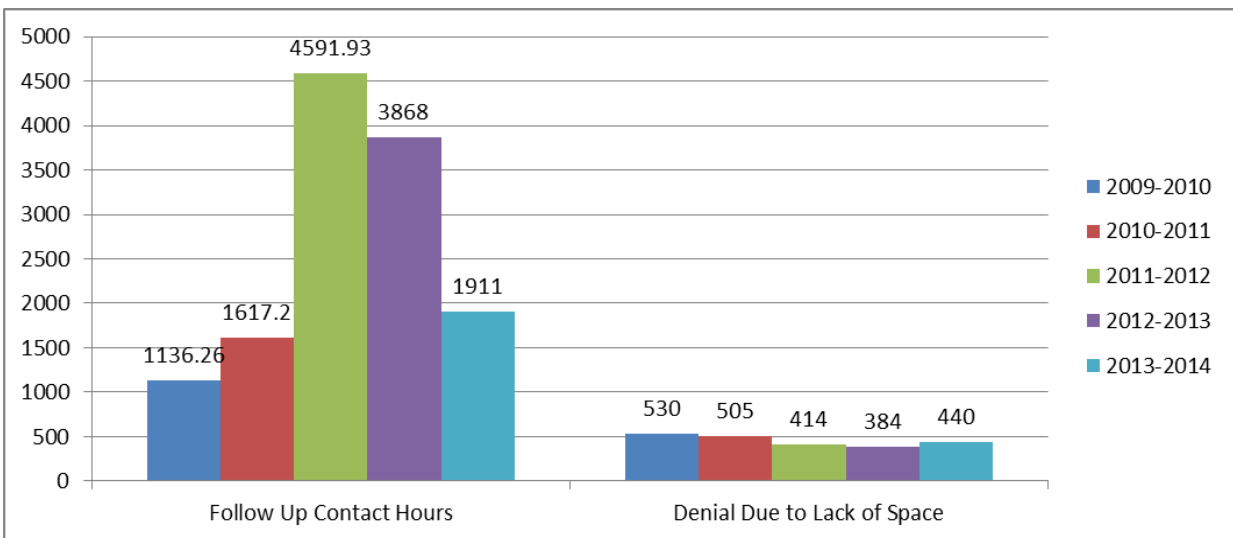
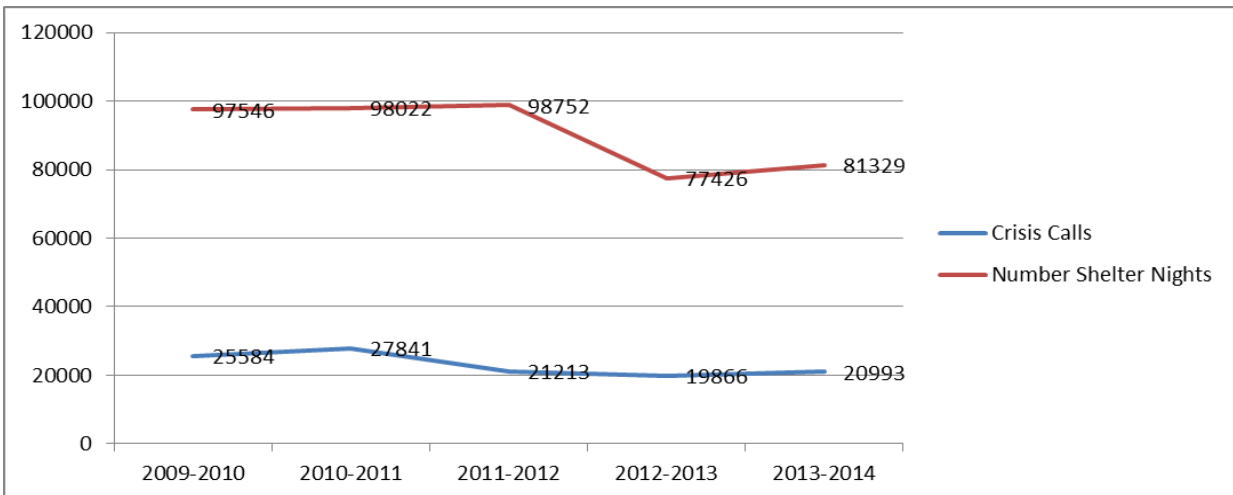
Ages 0-6 is consistently the largest population served in shelter. In 11-12, 12-13, and 13-14; *Ages 7-12* was the second largest population served in shelter. In 09-10; *Ages 18-24* was the largest *Adult* population served in shelter, but in 10-11, 11-12, and 13-14 *Ages 30-35* was the largest *Adult* population served in shelter.



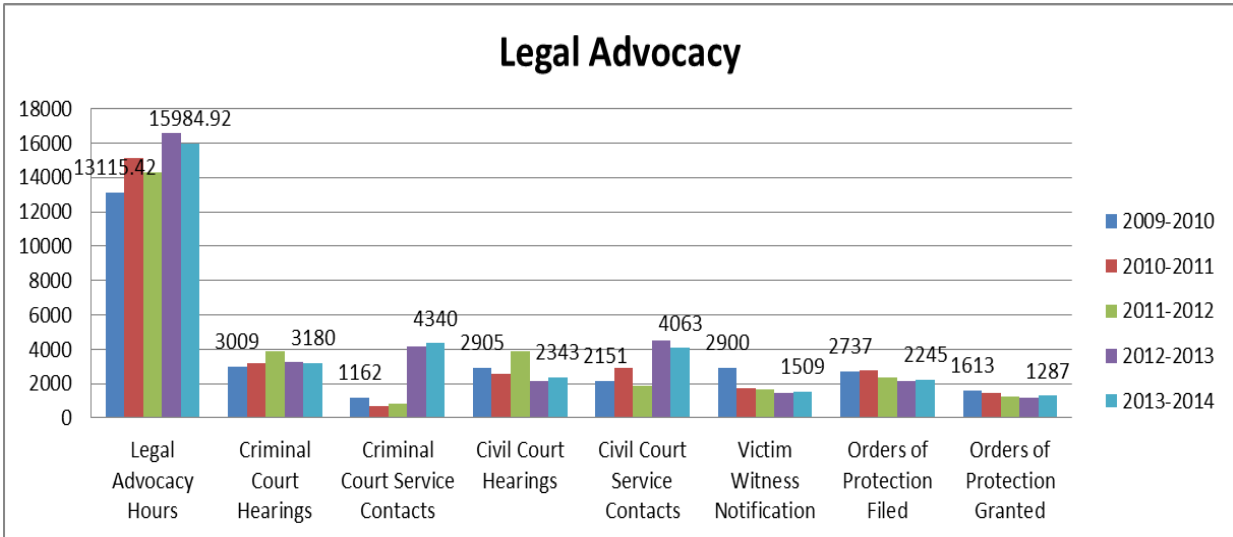
Ages served in the Non-Residential population change somewhat year to year. *Ages 0-6* was the largest population served non-residentially in 09-10 and 10-11. In 11-12; *Ages 7-12* was the largest population served non-residentially. *Ages 30-35* was the largest served non-residentially for the last two fiscal years.



In Fiscal Year 2013-2014, 1,127 more *Crisis Calls* were answered by DV programs, 56 more people were *Denied due to lack of space*, and *Follow Up Contact* decreased by 1,957 hours compared to last fiscal year.



For legal services: there was a change in the name of the categories on the reporting form. Due to the clarity of the name change, numbers in this category may not show an accurate comparison to previous fiscal years.



Active volunteers increased by 1,926, while Volunteer Hours decreased by 486.20 hours, and Volunteer Trained Hours increased by 2,342.95 since last fiscal year.

